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**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)
Terrasses de la Chaudière 5th Floor
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Title - Sujet PSHCP ASO Retender	
Solicitation No. - N° de l'invitation 24062-180558/D	Amendment No. - N° modif. 005
Client Reference No. - N° de référence du client 24062-180558	Date 2020-10-22
GETS Reference No. - N° de référence de SEAG PW-\$\$XF-002-38428	
File No. - N° de dossier 002xf.24062-180558	CCC No./N° CCC - FMS No./N° VME
Solicitation Closes - L'invitation prend fin at - à 02:00 PM on - le 2020-11-20	Time Zone Fuseau horaire Eastern Standard Time EST
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: You, Soun	Buyer Id - Id de l'acheteur 002xf
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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 AMENDMENT 005

This amendment is raised to answer questions received from Industry and to update the RFP where applicable.

Note Bidders: The solicitation closing date has been extended to November 20, 2020, 2PM EST. Refer to RFP Revision 50 of this solicitation amendment. Correspondingly, Canada is extending the deadline for bidders to submit enquiries to October 30, 2020, 4PM EST; this extension is granted for the explicit purpose of clarifying any answers Canada provided in solicitation amendments 004 and beyond. Any enquiries outside of this scope may not be answered. Refer to RFP Revision 51 of this solicitation amendment. Q118 from solicitation amendment 004 is still being reviewed by Canada; a response will be contained in the future solicitation amendment 006 to be published in a week or two.

QUESTIONS & ANSWERS

Q144: REFERENCE: SOW article 4.7.7

Can Canada confirm the Contractor is to verify with the Provider, that they have rendered services related to plan member claims, submitted through all channels, including both plan member and provider submission channels?

A144: Yes, the Contractor is required to verify that services were rendered by Providers. This audit component only assesses claims submitted by Members.

Q145: REFERENCE: SOW article 4.7

Are Investigations arising out of Audit activities under 4.7 included in the 2018 audits counts provided in Attachment 2.1 to Part 2 – PSHCP Volumetric Data? If not, can Canada please advise the number of Investigations performed?

A145: Refer to Q&A 133 contained in Solicitation Amendment No. 004. Also see Chart 8, contained in Attachment 2.1 to Part 2, PSHCP Volumetric Data, which includes data for Claims investigated in 2018. The footnote to that table indicates that not all audit programs required in the Statement of Work are included in this data.

Q146: REFERENCE: SOW article 4.7.3 ii.

Can Canada confirm the sample selection identified is in addition to the providers on the Hospital Watch list, which requires all claims to be audited. Is the SVS based on annual claims volume?

A146: Please refer to the response Canada provided to Q130. For SOW 4.7.3 ii, the SVS should be based on the previous month's claims volume, with the exception of the pre-payment verification of all hospital claims for services rendered at hospitals identified as high-risk Providers. In the latter case, all claims must be investigated on a pre-payment basis.

Q147: REFERENCE: SOW article 4.7.4 e)

Can Canada please advise the Investigation selection parameters and any requirements related to number of Investigations performed?

A147: Investigations must be initiated in cases where the Contractor identifies Paramedical Practitioner or Medical Equipment Providers and/or facilities with questionable or inappropriate billing volumes and/or practices.

Q148: REFERENCE: SOW article 4.7.6 ii.

In Solicitation Amendment 002, Canada confirmed that they would allow the Contractor to calculate the SVS based on the previous month's claims volume, with claims then selected daily. Can Canada please further confirm that the intent is to continue to require the daily SVS sample size but allow the Contractors to calculate the sample size on the average daily volume in the prior month, instead of the prior day's volume?

A148: Yes, the SVS should be based on an average daily volume in order to ensure that the Contractor investigates a sufficient number of digital claims.

Q149: REFERENCE: SOW article 4.7.7

With regards to 4.7.7, can Canada please advise if the audit selection is comprised of paramedical and medical supply providers only?

A149: No. This audit component is not exclusive to paramedical and medical supply providers only; it applies to all Providers.

Q150: REFERENCE: SOW article 4.14.21

The applications that would be used to provide services to the PSHCP consist of both in-house developed applications, and third party applications. Extracting the data & source code for the in-house applications would result in hundreds of millions of data records, and millions of lines of source code. Further, the source code includes customizations for other clients, so the source code would need to be reviewed & these other client customizations removed in order to protect confidentiality. This would be an immense effort, both in terms of time & resources, resulting in greater costs to Canada with questionable additional value. The source code is also highly proprietary, so could only be released under a Non-Disclosure Agreement (NDA) to a limited number of users. With respect to third party applications, we do not own the source code so do not have a legal right to share it, and in some cases, we do not even have the code.

Can Canada provide insight into the business need that they are trying to fill through this SOW Article? What does Canada intend to do with the data & source code? How often would Canada require the source code and data, as source code is constantly changing? Does this SOW article only apply to code developed and owned by the Contractor? We strongly urge Canada to review & revise this SOW article as, in its present form, is extremely problematic and/or impossible for a Contractor to comply.

A150: Refer to RFP Revision 42 below.

Q151: REFERENCE: Attachment 2.1 to Part 2 – PSHCP Volumetric Data, charts 31-33

Can Canada identify the countries where comprehensive members are residing, as well as the number of members per country? In order to ensure the coverage for these members is compliant in each jurisdiction, the subcontractor needs to ensure they have the proper ASO licensing for the applicable countries. This information would also support obtaining the most accurate quote possible from our subcontractor.

A151: This data is not available and is subject to change based on where Members are posted or choose to reside.

Q152: REFERENCE: Attachment 2.1 to Part 2 – PSHCP Volumetric Data, chart 44

Can Canada provide the same level of detail for 2019? This would help to understand the trend in claims experience to provide a more accurate price and understanding of future claims. On this same chart/page – can Canada provide the comprehensive enrolment member population for 2019 & 2020? Similarly, with the goal of seeing and understanding continued trend.

A152: Refer to the attachment of this amendment for the supplementary 2019 volumetric data.

- Q153:** REFERENCE: Attachment 2.1 to Part 2 – PSHCP Volumetric Data, charts 16-18
Could Canada provide the same level of detail for 2019? This would help with being able to price according to the specific demographics of comprehensive members, taking into account trend and changes over time and with the most current information available.
- A153:** Refer to the attachment of this amendment for the supplementary 2019 volumetric data.
- Q154:** REFERENCE: SOW article 3.15.13 a) i.
For cloud-based environments, there would be millions of PSHCP application data and associated network traffic records. Please confirm that the intent is for the Contractor to send all of this data to the Government of Canada.
- A154:** The intent is for the GC to be able to copy and collect all data sent to the PSHCP application; this includes packet capture.
- Q155:** REFERENCE: SOW article 3.15.13 b)
For non-cloud based environments, we assume that this requirement only applies to external member/provider facing systems. Please confirm.
- A155:** Confirmed.
- Q156:** REFERENCE: SOW article 3.15.13 b) v.
Please confirm who these entities are that are referred to as “Canada partners”. Please also confirm exactly what other “Government of Canada departments” are envisioned.
- A156:** “Canada partners” is any group that could be working with or working for Canada on the PSHCP including but not limited to those in SOW Section 1.4 Plan Governance and SOW Section 1.5. Other “Government of Canada departments” could be those departments such as PSPC and agencies such as RCMP and others that support or participate in the PSHCP.
- Q157:** Can the Crown confirm if there is an incumbent for this program? If so, can the Crown confirm the name of the contractor and the contract value of these services? Further, will the incumbent be permitted to respond to the RFP?
- A157:** Any incumbent contractor is permitted to respond to a solicitation. Information about the current contract can be found by searching the Public Service Health Care Plan on the Open Government website: <https://search.open.canada.ca/en/ct/>.
- Q158:** REFERENCE: SOW article 4.12.10 xii.
What systems are governed by the maximum window of unavailability?
- A158:** The PSHCP Member Website is the system that must be available 18 hours per day (local time); which leaves a window of unavailability of 6 hours to do maintenance or other work.
- Q159:** REFERENCE: SOW article 4.12.10 v.
We are looking for an explanation of how the requirement of 4.12.10.v (18 hours of continuous internet service a day, 7 days a week) relates to any of the maximum windows of unavailability noted subsequently in xi. to xvi. As a specific example, but not limited to just this one, how would a bidder reflect compliance of v. (and 18 hours of continuous internet service) with xvi. (which allows for an unavailability window of 9pm ET – 6am ET or 9 hours)?
- A159:** To clarify, SOW Article 4.12.10 v. describes the requirement for the internet service availability and not a specific application. SOW Article 4.12.10 xiv. refers to the availability of the application

serving the Provider Website which allows for a longer window of unavailability to do maintenance.

Q160: REFERENCE: SOW article 4.12.10 xvii.

What is the definition of a planned outage?

A160: Planned outage is an interruption in service that is scheduled in advance in order to perform system maintenance or provision of new service.

Q161: REFERENCE: SOW article 4.12.10

What is the difference between iii., iv., and viii.? Why is there different timing specified for what appears to be the same report?

A161: The difference between the three requirements is the timeline and the level of detail required at each requirement; to further clarify:

- SOW Article 4.12.10 iii. - provides the Project Authority with a disaster or incident report within 24 hours of the resolution of the incident describing what happened and a general description of how an incident was resolved.
- SOW Article 4.12.10 iv. - provides the Project Authority with a post-mortem report within 20 Days describing how procedures will change and be put in place to deal with and possibly prevent further similar incidents.
- SOW Article 4.12.10 viii. - provides the Project Authority with a report within 5 Days detailing information about the service interruption from an Incident as well as detailed Post-mortem report on the Incident (i.e. in more detail than the 4.12.10 iii report, to allow the Contractor time to do further analysis and advise the Project Authority on the management of future similar Incidents).

Q162: REFERENCE: SOW article 4.10.1, and Appendix 2 to Attachment 3.1 to Part 3 - Point-Rated Technical Evaluation Criteria, R-2.6

Can Canada provide contact centre volumes by month for the 6 months following the last 2 biennial PE process?

A162: The biennial positive enrolment process has not been undertaken before; it is a new requirement. See also Q&A 89 contained in RFP Amendment No. 003.

Q163: REFERENCE: Appendix 7 to Annex A, Work Deliverables, item 17

Should the reference be to SOW article 3.10.5 instead of 3.10.8?

A163: Yes, the reference should be to SOW article 3.10.5. Refer to RFP Revision 43 below.

Q164: REFERENCE: SOW article 4.4.2 i. b), and Appendix 6 to Annex A - PSHCP Member Eligibility Files, Formats and Frequencies

Will Canada provide email addresses to support the positive enrollment process, where available? If so, can Canada provide the volume of email addresses available? What will Canada provide in the event the member email address is not available? Will any member addresses be provided?

A164: Refer to the response to Q89 contained in RFP Amendment No. 003 for the information that will be provided to the Contractor. All members are required to provide a mailing address during Positive Enrolment and of those 520,900 (72.5%) Members have supplied a valid email address.

Q165: REFERENCE: Annex B, Basis of Payment, article 8.2.8.1 a), SLS# 10

Please define 'non - assignment' with respect to Provider Digital Claims -Non-Assignment service level metric. Does this mean that 95% of Provider digital claims that are paid to the plan member (directly) is to be processed within 5 Days?

A165: Yes, this is correct. This is what is meant by non-assignment.

Q166: REFERENCE: SOW article 4.11.3 iv.

Can Canada confirm the requirement to provide a secure message (chat feature) channel that allows Providers to communicate with the Contractor does not extend to PBMs? The industry norm is Pharmacies contact the PBM via telephone or fax. Can Canada please clarify?

A166: This requirement is for the Providers to communicate via secure message (chat feature) with the Contractor and not PBMs.

Q167: REFERENCE: SOW article 4.9.3 iv. f)

Would Canada accept a solution that does not include XML?

A167: The requirement indicates that the Contractor must propose variety of formats in order to achieve efficient download of large data. Outputs of queries must, at a minimum, be made available within the system and downloadable in Excel, XML, CSV and PDF formats, however other formats may also be proposed as part of the solution. The formats provided are examples. Canada is open to a variety of standard formats for this requirement.

Q168: REFERENCE: Appendix 4 to Annex A - PSHCP Data Elements

We note that many of the data elements in Appendix 4 to Annex A are not available in the adjudication process for all types of claims. Further, for electronically submitted drug claims, not all of the data elements are part of the current CPhA3 standard. Please confirm that only data elements that are part of a current industry standard such as CPhA3, or data elements that are normally captured as part of the adjudication process, are required by Canada.

A168: Canada is looking to have the Contractor at a minimum capture, manage and make accessible the PSHCP Data Elements part of Appendix 4 to Annex A. Some data elements, though not part of the CPha3 standard, may be derived by the Contractor.

Q169: REFERENCE: Appendix 1 to Attachment 3.1 to Part 3 - Mandatory Technical Evaluation Criteria
With respect to M-2.3, Service Delivery Manager, item (c), please confirm that a dental plan qualifies as a "Health care claims processing service" for the purpose of the Customer Reference Projects. Additionally, please confirm that two totally separate contracts with the same customer qualify as separate Customer Reference Projects

A169: (a) Refer to RFP Revisions 44 and 45 below.

(b) Yes, two separate contracts with the same customer would qualify as separate Customer Reference Projects if the Bidder includes sufficient information to demonstrate that each Customer Reference Project was completed under a different contract.

Q170: REFERENCE: Appendix 1 to Attachment 3.1 to Part 3 - Mandatory Technical Evaluation Criteria
With respect to M-2.4, Start Up Phase Project Manager, item B) (d), we request that Canada considers the following revisions:

- Having a major project implementing a new service to an existing customer qualify as a Customer Reference Project
- Having separate and distinct projects for the same Customer qualifying as separate Customer Reference Projects, with the requirement that at least one of these projects must be directly related to the Start Up or transition in of health care claims processing services

-
- Extending the minimum period to six months within the last twelve years instead of the last seven years
Additionally, please confirm that: a dental plan qualifies as a "Health care claims processing service" for the purpose of the Customer Reference Projects; and that two totally separate contracts with the same customer qualify as separate Customer Reference Projects
- A170:** Refer to RFP Revisions 44 and 46 below.
- Q171:** REFERENCE: Attachment 2.1 to Part 2 – PSHCP Volumetric Data
Can the 2019 volume of electronic Voids/Rejects/Declines transactions be provided?
- A171:** Refer to the attachment of this amendment for the supplementary 2019 volumetric data.
- Q172:** REFERENCE: Attachment 2.1 to Part 2 – PSHCP Volumetric Data
Does the provided call volume represent calls answered by agents, calls offered to agents, or calls offered to IVR?
- A172:** The call volumes provided represent the total number of calls received.
- Q173:** REFERENCE: Annex B Basis of Payment, article 2.0 Start-up Phase Fees
Are there any specific expenses that cannot be included in start-up costs, so long as they are connected to a milestone deliverable?
- A173:** The inclusion of specific expenses is at the discretion of the Bidder, so long as the requirements set out in Column "C" of the Milestone Payment Schedules of Attachment 3.3 to Part 3 – Financial Bid Pricing Tables are met.
- Q174:** REFERENCE: Annex A Statement of Work
Can you please confirm whether digital claims are adjudicated electronically (i.e. no human intervention is required other than audit of select claims)?
- A174:** The solution will be determined by the Bidder. To further clarify, the Bidder is required to describe its proposed Claims Processing and Claims Payment Services solution, including its' solution for Digital Claims processing, in accordance with the Mandatory and Point-Rated Technical Evaluation Criteria set out in requirements M-4.1 and R-2.1 of Appendices 1 and 2, respectively, to Attachment 3.1 to Part 3.
- Q175:** REFERENCE: SOW, article 4.6.7 v.
Can Canada provide more details around its expectations for "references to applicable legislation"?
- A175:** "References to applicable legislation" refers to a need to reference applicable federal or provincial legislation, for example taxes, that are in effect and applicable to the amounts being billed on the invoice.
- Q176:** REFERENCE: Annex E Aboriginal Participation Component (APC)
Within the Indirect Benefits under the Aboriginal Participation Component, the RFP outlines various examples of helping local and Indigenous communities in meeting their economic development needs. Please confirm the scope of "economic development" and whether it extends to funding to support health-related development needs.
- A176:** Funding to support health-related development needs is considered an acceptable indirect benefit so long as the Contractor is able to meet the requirements outlined in article 4, Certification, of Annex E – Aboriginal Participation Component (APC).

Q177: REFERENCE: RFP article 3.1.6

In terms of the format of our submission when using ePost Connect, does Canada wish to receive all subsections of the Section 1: Technical Bid as separate files (e.g. broken out as M-4.1, M-4.2 etc.) within a zip file? Or is the intent for the Section 1: Technical Bid to be a single document/file consisting of all the M and R requirements?

A177: It is Canada's preference that bidders submit a single file containing the responses to all mandatory and point-rated technical evaluation criteria.

Q178: REFERENCE: Annex B, Basis of Payment, article 9.1

Please confirm if the Delivery Due Date (Column "C") for SOW references 3.10 and 3.11 is either 12 months after Contract Award Date, or 6 months prior to Operations Ready Date (as referenced in articles 3.10 and 3.11 of the SOW).

A178: Both the Member Contact Centre and Provider Contact Centre must be fully operational and ready to accept inquiries no later than 6 months prior to the Operations Ready Date as stipulated in the SOW. Refer to RFP Revisions 47 and 48 below

Q179: REFERENCE: RFP article 4.1.4.2.7

Please confirm the weighting-allocation for the transaction fees as shown in the chart. Columns B,D,F,H each add up to 99%.

A179: Each column (B, D, F and H) should add up to 100%. Refer to RFP Revision 49 below.

Q180: REFERENCE: SOW article 4.6.4

For claims paid outside of Canada (Comprehensive Coverage and Out of Canada Travel), it is industry practice that claims are often re-priced and re-negotiated by carriers to continue to lower the amount paid, leveraging existing network relationships and scale. It is also industry practice for payers to retain a portion of the amount re-negotiated to offset costs incurred. Considering that Canada will only be billed the net amount (i.e. after and net of any renegotiation savings and fees retained for those services), can you please provide clarity on whether the requirements of 4.6.4 are in conflict with a payers ability to retain fees as a percentage of re-negotiated claims. For greater clarity, is it Canada's intent for industry practice to apply here, or to prevent payers from retaining such fees? It's important for all bidders to understand as it will materially impact the fees charged for processing such claims.

A180: The Statement of Work (SOW) requirements detailed in Section 4.6.4 are not in conflict with a payer's ability to retain fees as a percentage of re-negotiated claims. Yes, it is Canada's intent for the industry practice to be applied.

RFP REVISIONS

42. At Annex A, SOW

DELETE: 4.14.21 in its entirety; and

INSERT: Canada must be able to extract all data and port it to a different ASO provider at the end or upon termination of the PSHCP contract. Upon request, the Contractor must provide Canada with all of Canada's data whether online, near line or offline in a machine-readable and usable format and in accordance with the Library and Archives Canada Guidelines on File Formats for Transferring Information Resources of Enduring Value
<https://www.bac-lac.gc.ca/eng/services/government-information-resources/guidelines/Pages/guidelines-file-formats-transferring-information-resources-enduring-value.aspx>

43. At Appendix 7 to Annex A, Work Deliverables, Start-Up Phase, item 17 (under column titled "Start-up Phase Deliverable")

DELETE: 3.10.8; and
INSERT: 3.10.5

44. At Attachment 3.1 to Part 3 – Technical Bid Requirements and Bidder Instructions, section 2 Definitions

INSERT: **Dental.** Refers to benefits or claims for expenses related to dental services, appliances or supplies rendered by a dentist, dental specialist, denturist or independent dental hygienist or other recognized practitioner that holds a valid license.

45. At Appendix 1 to Attachment 3.1 – Mandatory Technical Evaluation Criteria, requirement M-2.3 Service Delivery Manager

DELETE: criteria c) in its entirety; and
INSERT: The Bidder must demonstrate, using a minimum of two Customer Reference Project descriptions*, that the proposed resource has experience acting on behalf of a service provider to manage the day to day business relationship between a Health or Dental care claims processing service provider and the service provider's client. At least one of the two Customer Reference Projects must have supported a minimum of 10,000 Participants under the applicable Health or Dental care plan.

For each Customer Reference Project description to be considered:

- a. The Health or Dental care claims processing service solution that was implemented by the service provider must have included:
 - a. Electronic and/or Digital Claims processing services; and
 - b. Call or contact center services to provide members with information and assistance related to plan coverage, and claims processing and payment services.
- b. The proposed resource must have worked on the Customer Reference Project, for a minimum period of twelve months within the last ten years preceding the publication date of this solicitation.
- c. The response must include the following information:
 - i. Name and location (city, province or state) of the Customer organization;
 - ii. Reference Contact information (including, Name, Title, and Phone number or email address);
 - iii. Name of service provider organization represented by the resource;
 - iv. Name of Health or Dental care plan(s) supported under the project and the associated number of Participants;
 - v. The start and end date of the resource on the project (mm/yyyy);
 - vi. The title of the resource on the project; and
 - vii. A description of the resource's role that substantiates the required experience.

***Note:** Two separate contracts with the same customer would qualify as separate Customer Reference Projects if the Bidder includes sufficient information to demonstrate that each Customer Reference Project was completed under a different contract.

46. At Appendix 1 to Attachment 3.1 – Mandatory Technical Evaluation Criteria, requirement M-2.4 Start-Up Phase Project Manager

- DELETE:** criteria d) in its entirety; and
INSERT: The Bidder must demonstrate that the proposed resource has experience on a minimum of two Customer Reference Projects planning and executing, on behalf of a service provider:
(1) the implementation (i.e. start-up or transition-in) of a Health or Dental care claims processing service solution, or
(2) the implementation of a new service to an existing Health or Dental care claims processing customer

At least one of the two Customer Reference Projects must have (a) been for the start-up or transition-in of a Health or Dental care claims processing service solution; and (b) supported a minimum of 10,000 Participants under the applicable Health or Dental care plan.

For each Customer Reference Project to be considered:

- a. The Health or Dental care claims processing service solution that was implemented must have included:
 - a. Electronic Claim Line and/or Digital Claim Line processing services; and
 - b. Call or Contact Center services to provide members with information and assistance related to plan coverage, and claims processing and payment services.
- b. The proposed resource must have worked on the Customer Reference Project, for a minimum period of six months within the last twelve years preceding the publication date of this solicitation.
- c. The response must include the following information:
 - i. Name and location (city, province or state) of the Customer organization;
 - ii. Reference Contact information (including, Name, Title, and Phone number or email address);
 - iii. Name of service provider organization represented by the resource;
 - iv. Name of Health or Dental care plan(s) supported under the project and the associated number of Participants;
 - v. The start and end date of the resource on the project (mm/yyyy);
 - vi. The title of the resource on the project; and
 - vii. A description of the resource's role that substantiates the required experience.

***Note:** Two separate contracts with the same customer would qualify as separate Customer Reference Projects if the Bidder includes sufficient information to demonstrate that each Customer Reference Project was completed under a different contract.

47. At Annex B, Basis of Payment, article 9.0 Liquidated Damages, section 9.1.1 (table), at SOW reference (column A) 3.10 Member Communications and Information Services Set-Up, under Delivery Due Date (column C)

- DELETE:** 12 months after Contract Award or in accordance with the Project Authority approved Start-Up Phase Work Plan and Integrated Schedule; and

INSERT: As stipulated in the SOW by applicable deliverable or in accordance with the Project Authority approved Start-Up Phase Work Plan and Integrated Schedule.

- 48.** At Annex B, Basis of Payment, article 9.0 Liquidated Damages, section 9.1.1 (table), at SOW reference (column A) 3.11 Provider Communications and Information Services Set-Up, under Delivery Due Date (column C)

DELETE: 12 months after Contract Award or in accordance with the Project Authority approved Start-Up Phase Work Plan and Integrated Schedule; and

INSERT: As stipulated in the SOW by applicable deliverable or in accordance with the Project Authority approved Start-Up Phase Work Plan and Integrated Schedule.

- 49.** At RFP Part 4 – Evaluation Procedures and Basis of Selection, article 4.1.4.2.7, Item #1 Electronic Claim Line Transaction Processing Fees – Pharmacy and Electronic Medical Supplies Providers, Evaluation Weight (%) (in columns B, D, F and H)

DELETE: 60; and

INSERT: 61.

- 50.** At RFP Page 1

DELETE: Solicitation closes at 2:00 PM on 2020-11-02; and

INSERT: Solicitation closes at 2:00 PM on 2020-11-20.

- 51.** At RFP article 2.4.1

DELETE: 15 calendar days before the bid closing date; and

INSERT: October 30, 2020, 4PM EST.

ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED.

ATTACHMENT TO AMD005
SUPPLEMENTARY VOLUMETRIC DATA (2019)

PSHCP Comprehensive Plan Expenditures and Number of Services by Benefit Type, 2019				
Benefit Type	Paid Amount (\$)	% Change in Paid Amount over 2018	Number of Paid Services	% Change in Number of Paid Services over 2018
Drugs	1,653,909	7.0%	20,611	0.7%
Equipment/Other Medical	1,012,311	-3.7%	6,181	-1.3%
Hospital	10,551,301	3.1%	8,792	6.5%
Medical Practitioners	1,455,832	14.3%	11,473	6.4%
Medical Supplies	73,266	1.5%	618	-4.2%
Physician Services	5,560,301	-5.2%	34,604	0.1%
Vision Care	531,148	20.5%	3,725	18.0%
Total¹	\$20,830,984	1.7%	86,005	2.2%
1. Total includes Miscellaneous and other services.				

The Comprehensive PSHCP Member population was 5,460 at the end of 2019. As of September 30, 2020, the Comprehensive PSHCP Member population was 5,439.

PSHCP Comprehensive Plan Member Population by Age Range, Member Group and Coverage Level, 2019												
Age Range	Employees			Pensioners			CF			RCMP		
	Single	Family	Total	Single	Family	Total	Single	Family	Total	Single	Family	Total
18-20	1	0	1	0	0	0	0	0	0	0	0	0
21-24	17	3	20	0	0	0	0	3	3	0	0	0
25-29	65	40	105	1	1	2	0	61	61	0	1	1
30-34	78	138	216	3	3	6	0	193	193	0	4	4
35-39	95	325	420	6	7	13	0	293	293	2	10	12
40-44	83	451	534	4	14	18	0	270	270	1	17	18
45-49	61	356	417	14	41	55	0	272	272	0	10	10
50-54	54	287	341	25	86	111	0	281	281	0	12	12
55-59	40	186	226	47	115	162	0	120	120	0	5	5
60-64	20	79	99	82	141	223	0	2	2	0	1	1
65-69	3	33	36	97	142	239	0	4	4	0	0	0
70-74	0	4	4	89	133	222	0	0	0	0	0	0
75-79	0	0	0	79	94	173	0	0	0	0	0	0
80-84	0	0	0	57	53	110	0	0	0	0	0	0
85 and over	0	0	0	99	45	144	0	1	1	0	0	0
Total Comprehensive	517	1,902	2,419	603	875	1,478	0	1,500	1,500	3	60	63

Solicitation No. - N° de l'invitation
24062-180558//D
Client Ref. No. - N° de réf. du client
24062-180558

Amd. No. - N° de la modif.
005
File No. - N° du dossier
002xf 24062-180558

Buyer ID - Id de l'acheteur
002xf
CCC No./N° CCC - FMS No./N° VME

**Number of PSHCP Billable Services for Electronic Voids/Rejects/Declines
by Transaction Type, 2019**

Transaction Description	Number of Billable Services
Claims That Were Subsequently Voided Same Day	1,682,567
Voids - Same Day	1,682,567
Voids - Prior Day	445,065
Rejects / Declines	3,613,666
Total	7,423,865