INVITATION TO BID

BID NO:

RAF/2026/00018

BID DESCRIPTION:

THE ROAD ACCIDENT FUND (RAF) SEEKS TO APPOINT AN EXPERIENCED AND SUITABLE SERVICE PROVIDER FOR THE DELIVERY, CONFIGURATION, IMPLEMENTATION, MAINTENANCE AND SUPPORT OF A CLOUD-BASED INTEGRATED MEDICAL MANAGEMENT SOLUTION TO THE ROAD ACCIDENT FUND FOR A PERIOD OF FIVE (5) YEARS

DATE: 27 May 2026

BRIEFING SESSION DATE AND TIME: 08 June 2026 @ 11:00 AM

A NON-COMPULSORY BRIEFING SESSION WILL BE HELD AT:

ROAD ACCIDENT FUND: HEAD OFFICE

420 WITCH- HAZEL AVENUE, ECO-GLADES 2
CENTURION,0046

CLOSING DATE: 18 June 2026 @ 11H00 AM

Note: Faxed and/or Emailed Proposals/ bids will not be accepted, only hand delivered and couriered Proposals/ bids must be deposited in the tender box on or before the closing date and time.

TABLE OF CONTENTS FOR BID RAF/2026/00018

IMPORTANT NOTES:

1. Bid documents are available on the website (www.raf.co.za) at no cost.
2. Submission of Proposals
   - Bid responses must be placed in the tender box clearly marked with a tender number and description; and
   - Bidders are required to submit an original Bid Document/Proposal (Hard copy) and a copy of the Original Bid Document/Proposal.
   - The proposal must be deposited in the tender box situated at the reception of RAF at the below address:

     Road Accident Fund (RAF), Eco Glades 2 Office Park, 420 Witch-hazel Avenue, Centurion, 0046
3. Validity Period

   The proposal submitted by the supplier must be valid for a period of 90 days, from the closing date for the submission of proposals.
4. Enquiries

   All enquiries regarding this bid must be directed to the Supply Chain Management Office:

   Bid Enquiries: Matome Ramathoka

   E-mail address: Matomer@raf.co.za.

   Note: No telephonic enquiries will be entertained.

   Closing date and time for Bid questions and enquiries: **10 June 2026 @ 16:00**

   Publication date for Questions & Answers: **12 June 2026 @ 16:00**

   Questions and Answers will be published on the RAF website and eTender portal.

Important Notes:

1. All questions/enquiries must be forwarded in writing to the e-mail address above; and

2. Questions/enquiries received after the above-stated date and time will not be entertained.

MANDATORY/ LEGISLATIVE REQUIREMENTS

This stage checks and validates the bidders' compliance to the legal requirements to conduct business in South Africa, as well as to the industry requirement for the supply of goods and services.

Returnable Documents / Information	**Check list** ✓ **Tick each box**
SBD 1: Completed, attached and signed	
SBD 3.1 or 3.2 or 3.3 Completed, attached and signed	
SBD 4: Completed, attached and signed	
SBD 5: Completed, attached and signed	
SBD 6.1: Completed, attached and signed	
Proof of Construction Industry Development Board (CIDB) registration, if applicable.	
Specification document	
General Condition of contract	
Provide Tax TCS Pin to verify Tax Status: Attached (In bids where Consortia/Joint Ventures/Sub-contractors are involved, each party must submit a separate Tax TCS Pin.)	
If the bidder is a joint venture, consortium or other unincorporated grouping of two or more people/ entities, a copy of the joint venture agreement between the members should be provided.	
Registered on the Central Supplier Database of National Treasury. (For registration information, go to https://secure.csd.gov.za/)	

Note: Some requirements may not be applicable to international suppliers/ bidders and only those suppliers/ bidders will be exempted from these mandatory/ legislative requirements. All SBDs must be submitted (signed) noting where it is not applicable.

PART A
INVITATION TO BID

YOU ARE HEREBY INVITED TO BID FOR REQUIREMENTS OF THE (*NAME OF DEPARTMENT/ PUBLIC ENTITY*)					
BID NUMBER:	**RAF/2026/00018**	CLOSING DATE:	**18 June 2026**	CLOSING TIME:	**11H00**
DESCRIPTION	**THE ROAD ACCIDENT FUND (RAF) SEEKS TO APPOINT AN EXPERIENCED AND SUITABLE SERVICE PROVIDER FOR THE DELIVERY, CONFIGURATION, IMPLEMENTATION, MAINTENANCE AND SUPPORT OF A CLOUD-BASED INTEGRATED MEDICAL MANAGEMENT SOLUTION TO THE ROAD ACCIDENT FUND FOR A PERIOD OF FIVE (5) YEARS**				

BID RESPONSE DOCUMENTS MAY BE DEPOSITED IN THE BID BOX SITUATED AT *(STREET ADDRESS)*
Road Accident Fund (RAF) **Eco Glades 2 Office Park**
420 Witch-Hazel Avenue
Centurion
0046

BIDDING PROCEDURE ENQUIRIES MAY BE DIRECTED TO		**TECHNICAL ENQUIRIES MAY BE DIRECTED TO:**	
CONTACT PERSON	**Matome Ramathoka**	CONTACT PERSON	
TELEPHONE NUMBER	**012 649 2015**	TELEPHONE NUMBER	
FACSIMILE NUMBER	**N/A**	FACSIMILE NUMBER	
E-MAIL ADDRESS	**M**atomer**@raf.co.za**	E-MAIL ADDRESS	

SUPPLIER INFORMATION					
NAME OF BIDDER					
POSTAL ADDRESS					
STREET ADDRESS					
TELEPHONE NUMBER	CODE		NUMBER		
CELLPHONE NUMBER					
FACSIMILE NUMBER	CODE		NUMBER		
E-MAIL ADDRESS					
VAT REGISTRATION NUMBER					
SUPPLIER COMPLIANCE STATUS	TAX COMPLIANCE SYSTEM PIN:		**OR**	CENTRAL SUPPLIER DATABASE No:	MAAA

1 ARE YOU THE ACCREDITED REPRESENTATIVE IN SOUTH AFRICA FOR THE GOODS /SERVICES /WORKS OFFERED?	☐Yes ☐No [IF YES ENCLOSE PROOF]	**2** ARE YOU A FOREIGN BASED SUPPLIER FOR **THE GOODS /SERVICES /WORKS OFFERED?**	☐Yes ☐No [IF YES, ANSWER THE QUESTIONNAIRE BELOW]
QUESTIONNAIRE TO BIDDING FOREIGN SUPPLIERS			

IS THE ENTITY A RESIDENT OF THE REPUBLIC OF SOUTH AFRICA (RSA)?	☐ YES ☐ NO
DOES THE ENTITY HAVE A BRANCH IN THE RSA?	☐ YES ☐ NO
DOES THE ENTITY HAVE A PERMANENT ESTABLISHMENT IN THE RSA?	☐ YES ☐ NO
DOES THE ENTITY HAVE ANY SOURCE OF INCOME IN THE RSA?	☐ YES ☐ NO
IS THE ENTITY LIABLE IN THE RSA FOR ANY FORM OF TAXATION?	☐ YES ☐ NO

IF THE ANSWER IS "NO" TO ALL OF THE ABOVE, THEN IT IS NOT A REQUIREMENT TO REGISTER FOR A TAX COMPLIANCE STATUS SYSTEM PIN CODE FROM THE SOUTH AFRICAN REVENUE SERVICE (SARS) AND IF NOT REGISTER AS PER 2.3 BELOW.

PART B
TERMS AND CONDITIONS FOR BIDDING

1. BID SUBMISSION:

1.1. BIDS MUST BE DELIVERED BY THE STIPULATED TIME TO THE CORRECT ADDRESS. LATE BIDS WILL NOT BE ACCEPTED FOR CONSIDERATION.

1.2. **ALL BIDS MUST BE SUBMITTED ON THE OFFICIAL FORMS PROVIDED–(NOT TO BE RE-TYPED) OR IN THE MANNER PRESCRIBED IN THE BID DOCUMENT.**

1.3. THIS BID IS SUBJECT TO THE PREFERENTIAL PROCUREMENT POLICY FRAMEWORK ACT, 2000 AND THE PREFERENTIAL PROCUREMENT REGULATIONS, 2017, THE GENERAL CONDITIONS OF CONTRACT (GCC) AND, IF APPLICABLE, ANY OTHER SPECIAL CONDITIONS OF CONTRACT.

1.4. **THE SUCCESSFUL BIDDER WILL BE REQUIRED TO FILL IN AND SIGN A WRITTEN CONTRACT FORM (SBD7).**

2. TAX COMPLIANCE REQUIREMENTS

2.1 BIDDERS MUST ENSURE COMPLIANCE WITH THEIR TAX OBLIGATIONS.

2.2 BIDDERS ARE REQUIRED TO SUBMIT THEIR UNIQUE PERSONAL IDENTIFICATION NUMBER (PIN) ISSUED BY SARS TO ENABLE THE ORGAN OF STATE TO VERIFY THE TAXPAYER'S PROFILE AND TAX STATUS.

2.3 APPLICATION FOR TAX COMPLIANCE STATUS (TCS) PIN MAY BE MADE VIA E-FILING THROUGH THE SARS WEBSITE WWW.SARS.GOV.ZA.

2.4 BIDDERS MAY ALSO SUBMIT A PRINTED TCS CERTIFICATE TOGETHER WITH THE BID.

2.5 IN BIDS WHERE CONSORTIA / JOINT VENTURES / SUB-CONTRACTORS ARE INVOLVED, EACH PARTY MUST SUBMIT A SEPARATE TCS CERTIFICATE / PIN / CSD NUMBER.

2.6 WHERE NO TCS PIN IS AVAILABLE BUT THE BIDDER IS REGISTERED ON THE CENTRAL SUPPLIER DATABASE (CSD), A CSD NUMBER MUST BE PROVIDED.

2.7 NO BIDS WILL BE CONSIDERED FROM PERSONS IN THE SERVICE OF THE STATE, COMPANIES WITH DIRECTORS WHO ARE PERSONS IN THE SERVICE OF THE STATE, OR CLOSE CORPORATIONS WITH MEMBERS PERSONS IN THE SERVICE OF THE STATE."

NB: FAILURE TO PROVIDE / OR COMPLY WITH ANY OF THE ABOVE PARTICULARS MAY RENDER THE BID INVALID.

SIGNATURE OF BIDDER:……

CAPACITY UNDER WHICH THIS BID IS SIGNED:……
(Proof of authority must be submitted e.g. company resolution)

PRICING SCHEDULE – FIRM PRICES
(PURCHASES)

NOTE: **ONLY FIRM PRICES WILL BE ACCEPTED. NON-FIRM PRICES (INCLUDING PRICES SUBJECT TO RATES OF EXCHANGE VARIATIONS) WILL NOT BE CONSIDERED**

IN CASES WHERE DIFFERENT DELIVERY POINTS INFLUENCE THE PRICING, A SEPARATE PRICING SCHEDULE MUST BE SUBMITTED FOR EACH DELIVERY POINT

Name of bidder……	Bid number…….....
Closing Time 11:00	Closing date……...

OFFER TO BE VALID FOR……DAYS FROM THE CLOSING DATE OF BID.

ITEM NO.	QUANTITY	DESCRIPTION	BID PRICE IN RSA CURRENCY ** (ALL APPLICABLE TAXES INCLUDED)

- Required by: …….
- At: …….
  …….
- Brand and model …….
- Country of origin …….
- Does the offer comply with the specification(s)? *YES/NO
- If not to specification, indicate deviation(s) …….
- Period required for delivery …….
  *Delivery: Firm/not firm
- Delivery basis ……

Note: All delivery costs must be included in the bid price, for delivery at the prescribed destination.

** “all applicable taxes” includes value- added tax, pay as you earn, income tax, unemployment insurance fund contributions and skills development levies.

*Delete if not applicable

DISCLOSURE **SDB4**

1. PURPOSE OF THE FORM

Any person (natural or juristic) may make an offer or offers in terms of this invitation to bid. In line with the principles of transparency, accountability, impartiality, and ethics as enshrined in the Constitution of the Republic of South Africa and further expressed in various pieces of legislation, it is required for the bidder to make this declaration in respect of the details required hereunder.

Where a person/s are listed in the Register for Tender Defaulters and / or the List of Restricted Suppliers, that person will automatically be disqualified from the bid process.

2. Bidder's declaration

2.1 Is the bidder, or any of its directors / trustees / shareholders / members / partners or any person having a controlling interest1 in the enterprise, employed by the state? **YES/NO**

2.1.1 If so, furnish particulars of the names, individual identity numbers, and, if applicable, state employee numbers of sole proprietor/ directors / trustees / shareholders / members/ partners or any person having a controlling interest in the enterprise, in table below.

Full Name	**Identity Number**	**Name of State institution**

[1] the power, by one person or a group of persons holding the majority of the equity of an enterprise, alternatively, the person/s having the deciding vote or power to influence or to direct the course and decisions of the enterprise.

2.2 Do you, or any person connected with the bidder, have a relationship with any person who is employed by the procuring institution? **YES/NO**

2.2.1 If so, furnish particulars:

……

……

2.3 Does the bidder or any of its directors / trustees / shareholders / members / partners or any person having a controlling interest in the enterprise have any interest in any other related enterprise whether or not they are bidding for this contract? **YES/NO**

2.3.1 If so, furnish particulars:

……

……

3. DECLARATION

I, the undersigned, (name)……. in submitting the accompanying bid, do hereby make the following statements that I certify to be true and complete in every respect:

3.1 I have read and I understand the contents of this disclosure;

3.2 I understand that the accompanying bid will be disqualified if this disclosure is found not to be true and complete in every respect;

3.3 The bidder has arrived at the accompanying bid independently from, and without consultation, communication, agreement or arrangement with any competitor. However, communication between partners in a joint venture or consortium2 will not be construed as collusive bidding.

3.4 In addition, there have been no consultations, communications, agreements or arrangements with any competitor regarding the quality, quantity, specifications, prices, including methods, factors or formulas used to calculate prices, market allocation, the intention or decision to submit or not to submit the bid, bidding with the intention not to win the bid and conditions or delivery particulars of the products or services to which this bid invitation relates.

[2] Joint venture or Consortium means an association of persons for the purpose of combining their expertise, property, capital, efforts, skill and knowledge in an activity for the execution of a contract.

3.5 The terms of the accompanying bid have not been, and will not be, disclosed by the bidder, directly or indirectly, to any competitor, prior to the date and time of the official bid opening or of the awarding of the contract.

3.6 There have been no consultations, communications, agreements or arrangements made by the bidder with any official of the procuring institution in relation to this procurement process prior to and during the bidding process except to provide clarification on the bid submitted where so required by the institution; and the bidder was not involved in the drafting of the specifications or terms of reference for this bid.

3.7 I am aware that, in addition and without prejudice to any other remedy provided to combat any restrictive practices related to bids and contracts, bids that are suspicious will be reported to the Competition Commission for investigation and possible imposition of administrative penalties in terms of section 59 of the Competition Act No 89 of 1998 and or may be reported to the National Prosecuting Authority (NPA) for criminal investigation and or may be restricted from conducting business with the public sector for a period not exceeding ten (10) years in terms of the Prevention and Combating of Corrupt Activities Act No 12 of 2004 or any other applicable legislation.

I CERTIFY THAT THE INFORMATION FURNISHED IN PARAGRAPHS 1, 2 and 3 ABOVE IS CORRECT.
I ACCEPT THAT THE STATE MAY REJECT THE BID OR ACT AGAINST ME IN TERMS OF PARAGRAPH 6 OF PFMA SCM INSTRUCTION 03 OF 2021/22 ON PREVENTING AND COMBATING ABUSE IN THE SUPPLY CHAIN MANAGEMENT SYSTEM SHOULD THIS DECLARATION PROVE TO BE FALSE.

……	..……
Signature	Date
……	……
Position	Name of bidder

THE NATIONAL INDUSTRIAL PARTICIPATION PROGRAMME INTRODUCTION

The National Industrial Participation (NIP) Programme, which is applicable to all government procurement contracts that have an imported content, became effective on 1 September 1996. The NIP Policy and Guidelines were fully endorsed by Cabinet on 30 April 1997. In terms of the Cabinet decision, all state and parastatal purchases/lease contracts (for goods, works and services) entered into after this date, are subject to the NIP requirements. NIP is obligatory and therefore must be complied with. The Industrial Participation Secretariat (IPS) of the Department of Trade and Industry (dti) is charged with the responsibility of administering:

1 PILLARS OF THE PROGRAMME

1.1 The NIP obligation is benchmarked against the imported content of the contract. Any contract having an imported content equal to or exceeding US$10 million or other currency equivalent to US$10 million will have an NIP obligation. This threshold of US$10 million can be reached as follows:

(a) Any single contract with imported content exceeding US$10 million.

or

(b) Multiple contracts for the same goods, works or services each with imported content exceeding US$3 million awarded to one seller over a two-year period which exceeds US$10 million in total.

or

(c) A contract with a renewable option clause, where should the option be exercised, the total value of the imported content will exceed US$10 million.

or

(d) Multiple suppliers of the same goods, works or services under the same contract, where the value of the imported content of each allocation is equal to or exceeds US$3 million worth of goods, works or services to the same government institution, which in total over a two-year period exceeds US$10 million.

1.2 The NIP obligation applicable to suppliers in respect of subparagraphs 1.1 (a) to 1.1 (c) above will amount to 30% of the imported content, whilst suppliers in respect of sub-paragraph 1.1 (d) shall incur 30% of the total NIP obligation on a pro-rata basis.

1.3 To satisfy the NIP obligation, the dtiwould negotiate and conclude agreements such as investments, joint ventures, sub-contracting, licensee production, export promotion, sourcing arrangements and research and development (R&D) with partners, or suppliers

1.4 A period of seven years has been identified as the time frame within which to discharge the obligation.

2 REQUIREMENTS OF THE DEPARTMENT OF TRADE AND INDUSTRY

2.1 In order to ensure effective implementation of the programme, successful bidders (contractors) are required to, immediately after the award of a contract

that is in excess of R10 million, submit details of such a contract to the dti for

reporting purposes.

2.2 The purpose for reporting details of contracts in excess of the amount of R10 million is to cater for multiple contracts for the same goods, works or services; renewable contracts and multiple suppliers for the same goods, works or services under the same contract as provided for in sub-paragraphs 1.1.(b) to 1.1. (d) above.

3 BID SUBMISSION AND CONTRACT REPORTING REQUIREMENTS OF BIDDERS AND SUCCESSFUL BIDDERS (CONTRACTORS)

3.1 Bidders are required to sign and submit this Standard Bidding Document (SBD 5) together with the bid on the closing date and time.

3.2 In order to accommodate multiple contracts for the same goods, works or services, renewable contracts and multiple suppliers for the same goods, works or services under the same contract as indicated in sub-paragraphs 1.1 (b) to 1.1 (d) above and to enable the dti in determining the NIP obligation, successful bidders (contractors) are required, immediately after being officially notified about any successful bid with a value in excess of R10 million, to contact and furnish the dti with the following information:

- Bid/contract number;
- Description of the goods, works or services;
- Date on which the contract was accepted;
- Name, address and contact details of the government institution;
- Value of the contract; and
- Imported content of the contract, if possible.

3.3 The information required in paragraph 3.2 above must be sent to the Department of Trade and Industry, Private Bag X 84, Pretoria, 0001 for the attention of Mr Elias Malapane within five (5) working days after award of the contract. Mr Malapane may be contacted on telephone number (012) 394 1401, facsimile (012) 394 2401 or e-mail at Elias@thedti.gov.za for further details about the programme.

4 PROCESS TO SATISFY THE NIP OBLIGATION

4.1 Once the successful bidder (contractor) has made contact with and furnished the dti with the information required, the following steps will be followed:

a. The contractor and the dti will determine the NIP obligation;
b. The contractor and the dti will sign the NIP obligation agreement;
c. The contractor will submit a performance guarantee to the dti;
d. The contractor will submit a business concept for consideration and approval by the dti;
e. Upon approval of the business concept by the dti, the contractor will submit detailed business plans outlining the business concepts;
f. The contractor will implement the business plans; and
g. The contractor will submit bi-annual progress reports on approved plans to the dti.

4.2 The NIP obligation agreement is between the dti and the successful bidder (contractor) and, therefore, does not involve the purchasing institution.

Bid number …….

Closing date: ……

Name of

bidder……

Postal address

……

……

SBD 6.1

PREFERENCE POINTS CLAIM FORM IN TERMS OF THE PREFERENTIAL PROCUREMENT REGULATIONS 2022

This preference form must form part of all tenders invited. It contains general information and serves as a claim form for preference points for specific goals.

NB: BEFORE COMPLETING THIS FORM, TENDERERS MUST STUDY THE GENERAL CONDITIONS, DEFINITIONS AND DIRECTIVES APPLICABLE IN RESPECT OF THE TENDER AND PREFERENTIAL PROCUREMENT REGULATIONS, 2022

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1. GENERAL CONDITIONS

1.1 The following preference point systems are applicable to invitations to tender:

- the 80/20 system for requirements with a Rand value of up to R50 000 000 (all applicable taxes included); and
- the 90/10 system for requirements with a Rand value above R50 000 000 (all applicable taxes included).

1.2 **To be completed by the organ of state**

(*delete whichever is not applicable for this tender*).

a) The applicable preference point system for this tender is the 80/20 or 90/10 preference point system.

1.3 Points for this tender (even in the case of a tender for income-generating contracts) shall be awarded for:

(a) Price; and

(b) Specific Goals.

1.4 **To be completed by the organ of state:**

The maximum points for this tender are allocated as follows:

	POINTS	POINTS
PRICE	**80**	**90**
SPECIFIC GOALS	**20**	**10**
Total points for Price and SPECIFIC GOALS	**100**	**100**

1.5 Failure on the part of a tenderer to submit proof or documentation required in terms of this tender to claim points for specific goals with the tender, will be interpreted to mean that

preference points for specific goals are not claimed.

1.6 The organ of state reserves the right to require of a tenderer, either before a tender is adjudicated or at any time subsequently, to substantiate any claim in regard to preferences, in any manner required by the organ of state.

2. DEFINITIONS

(a) **"tender"** means a written offer in the form determined by an organ of state in response to an invitation to provide goods or services through price quotations, competitive tendering process or any other method envisaged in legislation;
(b) **"price"** means an amount of money tendered for goods or services, and includes all applicable taxes less all unconditional discounts;
(c) **"rand value"** means the total estimated value of a contract in Rand, calculated at the time of bid invitation, and includes all applicable taxes;
(d) **"tender for income-generating contracts"** means a written offer in the form determined by an organ of state in response to an invitation for the origination of income-generating contracts through any method envisaged in legislation that will result in a legal agreement between the organ of state and a third party that produces revenue for the organ of state, and includes, but is not limited to, leasing and disposal of assets and concession contracts, excluding direct sales and disposal of assets through public auctions; and
(e) **"the Act"** means the Preferential Procurement Policy Framework Act, 2000 (Act No. 5 of 2000).

3. FORMULAE FOR PROCUREMENT OF GOODS AND SERVICES

3.1. POINTS AWARDED FOR PRICE

3.1.1 THE 80/20 OR 90/10 PREFERENCE POINT SYSTEMS

A maximum of 80 or 90 points is allocated for price on the following basis:

80/20 **or** **90/10**

$$Ps = 80\left(1 - \frac{Pt - P\,min}{P\,min}\right) \text{ or } \quad Ps = 90\left(1 - \frac{Pt - P\,min}{P\,min}\right)$$

Where

Ps = Points scored for price of tender under consideration

Pt = Price of tender under consideration

Pmin = Price of lowest acceptable tender

3.2. FORMULAE FOR DISPOSAL OR LEASING OF STATE ASSETS AND INCOME GENERATING PROCUREMENT

3.2.1. POINTS AWARDED FOR PRICE

A maximum of 80 or 90 points is allocated for price on the following basis:

80/20 **or** **90/10**

$$Ps = 80\left(1 + \frac{Pt - P\,max}{P\,max}\right) \text{ or } \quad Ps = 90\left(1 + \frac{Pt - P\,max}{Pmax}\right)$$

Where

Ps = Points scored for price of tender under consideration

Pt = Price of tender under consideration

Pmax = Price of highest acceptable tender

4. POINTS AWARDED FOR SPECIFIC GOALS

4.1. In terms of Regulation 4(2); 5(2); 6(2) and 7(2) of the Preferential Procurement Regulations, preference points must be awarded for specific goals stated in the tender. For the purposes of this tender the tenderer will be allocated points based on the goals stated in table 1 below as may be supported by proof/ documentation stated in the conditions of this tender:

4.2. In cases where organs of state intend to use Regulation 3(2) of the Regulations, which states that, if it is unclear whether the 80/20 or 90/10 preference point system applies, an organ of state must, in the tender documents, stipulate in the case of—

(a) an invitation for tender for income-generating contracts, that either the 80/20 or 90/10 preference point system will apply and that the highest acceptable tender will be used to determine the applicable preference point system; or

(b) any other invitation for tender, that either the 80/20 or 90/10 preference point system will apply and that the lowest acceptable tender will be used to determine the applicable preference point system,

then the organ of state must indicate the points allocated for specific goals for both the 90/10 and 80/20 preference point system.

Table 1: Specific goals for the tender and points claimed are indicated per the table below.

(Note to organs of state: Where either the 90/10 or 80/20 preference point system is applicable, corresponding points must also be indicated as such.

***Note to tenderers: The tenderer must indicate how they claim points for each preference point system.*)**

The specific goals allocated points in terms of this tender	Number of points allocated (80/20 system) (To be completed by the organ of state)	Number of points allocated (90/10 system) (To be completed by the organ of state)	Number of points allocated (80/20 system) (To be completed by the organ of state)	Number of points claimed (90/10 system) (To be completed by the tenderer)
South African citizen who had no franchise in national elections prior to the introduction of the Constitution of the Republic of South Africa, 1983 (Act 200 of 1983) or the Constitution of the Republic of South Africa, 1996. (minimum 51% ownership or more)	**10**	**5**		
Women (minimum 51% ownership or more)	**8**	**4**		
Persons with disabilities (minimum 51% ownership or more)	**2**	**1**		

DECLARATION WITH REGARD TO COMPANY/FIRM

4.3. Name of company/firm…….

4.4. Company registration number: ……...

4.5. TYPE OF COMPANY/ FIRM

- ☐ Partnership/Joint Venture / Consortium
- ☐ One-person business/sole propriety
- ☐ Close corporation
- ☐ Public Company
- ☐ Personal Liability Company
- ☐ (Pty) Limited
- ☐ Non-Profit Company
- ☐ State Owned Company

[TICK APPLICABLE BOX]

4.6. I, the undersigned, who is duly authorised to do so on behalf of the company/firm, certify that the points claimed, based on the specific goals as advised in the tender, qualifies the company/ firm for the preference(s) shown and I acknowledge that:

i) The information furnished is true and correct;

ii) The preference points claimed are in accordance with the General Conditions as indicated in paragraph 1 of this form;

iii) In the event of a contract being awarded as a result of points claimed as shown in paragraphs 1.4 and 4.2, the contractor may be required to furnish documentary proof to the satisfaction of the organ of state that the claims are correct;

iv) If the specific goals have been claimed or obtained on a fraudulent basis or any of the conditions of contract have not been fulfilled, the organ of state may, in addition to any other remedy it may have –

(a) disqualify the person from the tendering process;

(b) recover costs, losses or damages it has incurred or suffered as a result of that person's conduct;

(c) cancel the contract and claim any damages which it has suffered as a result of having to make less favourable arrangements due to such cancellation;

(d) recommend that the tenderer or contractor, its shareholders and directors, or only the shareholders and directors who acted on a fraudulent basis, be restricted from obtaining business from any organ of state for a period not exceeding 10 years, after the *audi alteram partem* (hear the other side) rule has been applied; and

(e) forward the matter for criminal prosecution, if deemed necessary.

	…… **SIGNATURE(S) OF TENDERER(S)**
SURNAME AND NAME:	……
DATE:	……
ADDRESS:	……
	……
	……
	……

BID SPECIFICATION: DELIVERY, CONFIGURATION, IMPLEMENTATION, MAINTENANCE AND SUPPORT OF A CLOUD-BASED INTEGRATED MEDICAL MANAGEMENT SOLUTION TO THE ROAD ACCIDENT FUND FOR A PERIOD OF FIVE (5) YEARS

1. BACKGROUND OF THE ROAD ACCIDENT FUND

The Road Accident Fund (RAF) is a schedule 3A Public Entity established in terms of the Road Accident Fund Act, 1996 (Act No. 56 of 1996), as amended. Its mandate is the provision of compulsory social insurance cover to all users of South African roads, to rehabilitate and compensate persons injured as a result of the negligent driving of motor vehicles in a timely and caring manner, and to actively promote the safe use of our roads.

The customer base of the RAF comprises not only the South African public, but all foreigners who may have had accidents within the borders of the country. The RAF head office is in Centurion there will be other Customer Experience Centres in each province in the country.

2. SPECIAL INSTRUCTIONS TO BIDDERS

2.1 The bidder must be an eligible, registered service provider in terms of the applicable laws of the country.

2.2 The bidder must have a business continuity management plan, which must be available for inspection by the RAF during the subsistence of rendering services to the RAF.

2.3 The Evaluation Criteria that were published with a Request for Proposal/ Bids will be used to assess bidders' responses and no amendment after the closing of a bid. Bid Proposals must be clearly indexed and cross referenced to a Table of Contents.

2.4 Companies or Directors included on the National Treasury register of Restricted Suppliers and/ or Tender Defaulters will be automatically disqualified from the bidding process.

2.5 As prescribed all Standard Bidding Documents (SBD Forms – Returnable Documents) must be fully completed and duly signed. All Returnable Documents must be submitted with the proposal at the closing of a bid.

2.6 The RAF will confirm the following prior to any award being made:

- That the bidder is registered on the National Treasury Central Supplier Database (CSD)
- The bidder's tax status is compliant with the South African Revenue Service (SARS), in cases where the recommended bidder is non-compliant with SARS, the bidder will be allowed (seven) 07 working days to rectify their tax matters, if the bidder fails to rectify their tax matters, they then be disqualified once the 7th working day period lapses.

3. BACKGROUND OF THE BID

The Road Accident Fund (RAF) is seeking to appoint a highly qualified and experienced Information Technology (IT) service provider to deliver, configure, and implement a cloud-based integrated medical management solution, which will effectively manage medical and financial risks associated with claimant injury benefits.

The RAF currently lacks a comprehensive and integrated solution to effectively manage claimants' medical treatment in detail. This includes the automated processing of claims based on specific authorisations for both past and future expenses. The medical management processes are primarily manual, which hinders efficiency and limits potential cost savings. The time-consuming application of NAPPI, tariff pricing, and clinical rules and protocols leads to inconsistent implementation, which prevents optimal medical cost reductions.

The proposed solution must seamlessly integrate with existing RAF systems and relevant third-party platforms. It must also play a crucial role in advancing the pre-authorisation and case management frameworks.

Implementing the solution is expected to enhance clinical outcomes and lead to short- and long-term cost savings. Moreover, the solution must effectively support the implementation of level 2 and level 3 pre-authorisation and case management frameworks.

The solution must deliver the following key benefits:

3.1. Increased efficiency by eliminating manual intervention through comprehensive process automation.
3.2. Faster claims processing with automated supplier claims handling, resulting in shorter settlement timelines.
3.3. Improved overall reporting through detailed capabilities that identify trends and implement risk mitigation strategies.
3.4. Reduced fraud, waste, and abuse with enhanced controls and monitoring to reduce supplier-related issues.
3.5. Cost savings achieved through consistent clinical rules and pricing, facilitating the development of provider networks and better tariff negotiations.
3.6. Enhanced cost control through effective pre-authorisation and case management with detailed authorisations.

4. SCOPE OF WORK AND DELIVERABLES

Prospective bidders must address the following business requirements to deliver a solution supporting the medical claims management unit.

4.1. High-level Solution Requirement

The proposed solution must include, at a minimum, the following key components:

4.1.1. Clinical Rules Engine.
4.1.2. General Pre-Authorisation.
4.1.3. Hospital Benefit Management (pre- and post-discharge planning and pharmacy benefit).
4.1.4. Case Management.
4.1.5. Assessment of Serious Injuries.
4.1.6. Assessment of Future Medical Expenses.
4.1.7. Assessment of Past Medical Expenses.
4.1.8. Management of medical specialities (disciplines) and Networks.
4.1.9. Medical Advisory Process
4.1.10. Medical Bill Review.
4.1.11. EMS data management.
4.1.12. Provider profiling.
4.1.13. Clinical fraud detection and management supported by guidelines.
4.1.14. Reporting

All scoped items and deliverables will be subject to the Outcomes-Based Service Performance **Framework (OSPF), as outlined in Annexure** A. The project team will work with the RAF project team and align with the RAF project management methodology.

4.2. Detailed Solution Requirements

The solution must offer a flexible and extensible health information platform that serves as a robust framework for medical management with the following capabilities: -

4.2.1. Enable the configuration of a clinical rules' engine, workflow processes, and clinical crosswalks. This foundation must integrate essential clinical tools, including treatment protocols, tariffs, a medicine formulary, clinical standard operating procedures (SOPs), guidelines, and position statements.

4.2.2. Support specialised medical management functionalities, such as risk analysis, risk stratification, clinical fraud detection, service provider profiling, and home modification management.

4.2.3. Provide an integrated solution that encompasses financial management, health risk management, and medical claims payment.

4.2.4. Offer seamless integration with other modules, including claimant information, treatment plans, injury-specific undertakings, rehabilitation outcome measures, pre-authorisation, and clinical intervention monitoring.

4.2.5. Adhere to the approved medical management processes of the Road Accident Fund (RAF).

4.2.6. Integrate with relevant third-party systems and qualifying service providers.

4.2.7. Include a built-in clinical and provider flagging capability to identify over-servicing, over-billing, fraud, waste, and abuse. This capability must utilise clinical coding that aligns with the RAF's exclusion list.

4.2.8. Integrate clinical coding-enabled injury assessment and modules for past and future medical management.

4.2.9. Include an auditing module that tracks all system activities, including captures, updates, deletions (CUD), and configuration changes. This module should log user identification, the affected screen/module/DB table, and the timestamp.

4.2.10. Incorporate a provider network management module with geo-mapping capabilities that can display data by province, municipal district, town, suburb, and township.

5. BELOW ARE THE DETAILED BUSINESS REQUIREMENTS AND CAPABILITIES THAT THE PROPOSED SOLUTION MUST FULFILL:

5.1. Clinical Rules Engine

5.1.1. The solution must utilise a clinical claims engine supported by rules incorporating ICD-10, RPL, and CCSA codes; NAPPI code price files for pharmacy benefit management; updatable formularies; practice codes; clinical guidelines, protocols, and treatment plans for acute, out-of-hospital (e.g., home, step-down, long-term) care, including rehabilitation outcome measurement; and complete crosswalks/baskets of care based on policy and evidence-based treatment protocols adjusted for local South African conditions and what is reasonable for the RAF.

5.1.2. Enable annual updates to the RAF Tariff, including code/description/RVU review/addition/deletion, in conjunction with SAMA MDCM and RCF updates. The tariff must be date-driven for processing previous years' prices. The solution must support manual and automated (year-end) tariff file updates/uploads. Add specific in-house codes with negotiated rates.

5.1.3. Include clinical rules within the claims management solution to prevent code unbundling and reject claims where specific tariff codes are incompatible.

5.1.4. Enable the capture and loading of negotiated rates with hospital service providers based on patient volume and long-term stay agreements. This capability is crucial, from pre-authorisation initiation through claims payment, to automate pre-authorisation versus claim reconciliation.

5.1.5. Provide drug utilisation review based on the formulary and price file.

5.1.6. Allow bill reviewers to manage exceptions. The system should support the manual review process of exceptions.

5.1.7. Enable version control of supporting clinical guidelines and protocols (indexed by date), allowing for updates without deleting previous versions. Claims must be adjudicated based on the service date, not the submission date, even for late claims (3 or more years older).

5.2. General Pre-Authorisation

The solution must ensure that all claims are clinically appropriate and directly related to motor vehicle accidents. The pre-authorisation module must be integrated with the clinical claims engine and must have multiple integration points with external stakeholders, including the PCN system, HPCSA (for service provider verification), agreed-upon MoU tariffs, MediKredit files, and any other required systems. Additionally, it should be updated regularly based on these various information inputs and integrated with the lists of serious injuries and exclusions.

5.2.1. Pre-Authorisation Levels and Workflows

The solution must support different workflows for three levels of pre-authorisation: —

a) Level 1 — Processed and finalised by the bill reviewer.

b) Level 2 — Requires review of additional medical documentation (radiology/pathology results, motivation letters, second opinions), service interrogation, and potential escalation to Medical Advisory (MA).

c) Level 3 — Business-to-business authorisation and communication. The solution must handle emergency authorisations and respond within 72 hours. It should also facilitate pre-authorisation requests for complex/high-cost procedures/treatments, including the ability to send motivation letters for extended stays or changes in care level.

d) The system should also allow manual updates where necessary.

5.2.2. Equipment Pre-authorisation

The solution must: —

a) Enable loading of quotes and requests for clinical equipment.

b) Verify the validity of equipment requests.
c) Compare quotes with existing tariffs before approval.
d) Ensure the client receives the correct equipment (as per quote or similar) based on claimant needs.
e) Inform the service provider of the acceptable price before sourcing equipment from another provider to control price inflation.

5.2.3. Pre-authorisation Resources and Escalation

a) Pre-authorisation resources (e.g., clinical rules engine, EMS-trained staff, bill reviewers) must be available to approve complex requests.
b) Requests not supported by guidelines should follow a workflow escalation process, automatically referring them to the team leader, manager, and medical advisor, and an automated letter should be generated.
c) The workflow should have categories to ensure that the escalation is allocated to the right SME shared mailbox.

5.2.4. Automated Correspondence

a) Approval and decline letters must be automated, uniform, and include rejection codes with clear explanations for the rejection reason.

5.3. Hospital Benefit Management (HBM)

5.3.1. The solution must be able to load all types of authorisations for medical expenses.
5.3.2. The solution must capture and index all incoming emails (from service providers, claimants, etc.) against the relevant authorisation/claimant profile (link number). This will provide a centralised repository for all correspondence, including motivations and reports, readily accessible whenever needed.
5.3.3. As the treatment plan outlines, the solution must support pre-discharge planning and integrate all PR numbers of service providers involved in the claimant's care.
5.3.4. The solution must limit authorisations to a specific Rand value.
5.3.5. Hospital Benefit Management (HBM) - The solution must manage Length of Stay (LOS), and Level of Care (LOC) based on diagnosis rules and clinical information supporting the LOC linked to the primary ICD-10 code. The system should allow the case manager to manually update both the LOS and LOC where required.
5.3.6. The solution must automatically email claimants, providers, and hospitals/rehabilitation facilities with all approved, pending, and declined authorisations (with relevant information and reasons).
5.3.7. The solution must support out-of-hospital patient management, including applying and monitoring treatment plans. Treatment plans must: -

- Include quantity limits for specific tariffs within a given period (e.g., 2 consultations per year).
- Enable automatic claims processing against the treatment plan.
- Allow exception management by loading additional tariff codes.
- Contain tariff codes and NAPPI code baskets.
- Support loading NAPPI codes at different levels (e.g., ATC 5th level, surgical classification level, NAPPI code level) to minimise maintenance (e.g., for pain medication, catheters).

5.3.8. The solution must support baskets of NAPPI codes linked to specific procedures for internal prostheses (e.g., hip/knee replacements and spinal fusion). It should populate the RAF's negotiated price (e.g., R40,000 for a hip replacement) against the NAPPI code list. Claims should be processed against the authorisation up to the maximum negotiated price for all internal prostheses used.

5.3.9. The solution must capture the claimant's pre-existing conditions based on the condition or ICD-10 code.

5.3.10. The solution must support long-term care and rehabilitation, including follow-up, clinical note updates, and cost/complication monitoring.

5.3.11. The solution must record cost savings achieved through LOS/LOC management, equipment pre-discharge planning, and bill review.

5.3.12. Clinical staff must perform clinical updates with supporting evidence. The solution must have role based security (view/change access) and approval levels as per the delegation of authority (DOA).

5.3.13. The solution must automatically notify users when previously approved data (e.g., expiring authorisations) requires review.

5.3.14. Level 3 pre-authorisation must include —

- 72-hour notification to the Fund for emergency admissions.
- Pre-authorisation requests for complex/high-cost procedures/treatments.
- Motivation letters for extended LOS or LOC changes.

5.3.15. In-hospital case management—The solution must support in-hospital case management for serious injuries based on ICD-10 codes and the Serious Injuries List.

5.3.16. Treatment plans for early rehabilitation should be developed and implemented promptly upon liability acceptance.

5.3.17. The clinical rules engine must integrate with a search/lookup function for ICD-10 codes (by condition/diagnosis) and RPL codes (by procedure). Recommended treatments should be charged per set tariff and cost, aligned with the treating service provider's description, the injury, and ICD-10 codes. This includes NAPPI codes, procedure codes, and all other service provider tariffs.

5.3.18. Invoice management and B2B integration —All invoices must be recorded per treating service provider (PR code, ICD-10 code, relevant RPL code, referring doctor/specialist if included in the motivation). The solution must have B2B capability to receive clinical information and reports from service providers.

5.3.19. Hospitals should be able to submit web-based pre-authorisation requests with relevant information. The case manager should then only approve/pend/decline. Approved requests should automatically create the authorisation with standard LOS/LOC, and notifications should be sent to the hospital, admitting provider, and the claimant.

5.3.20. Declined codes/services must include a specific decline reason (e.g., duplicate claims, clinical inappropriateness, SAMA coding rules).

5.3.21. The solution must calculate savings based on declined services/tariffs using tariff code prices.

5.3.22. The solution must verify that practicing service providers have a PCNS number (BHF) and are registered with the HPCSA (or other relevant statutory bodies like the Allied Health Professions Council, Nursing Council, and Pharmacy Council) within their scope of practice.

5.3.23. The solution must manage an exclusions list for medicines, procedures, consultations, equipment, etc.

5.3.24. The solution must support Pharmacy Benefit Management, including a formulary (acute and chronic medicine), a medicine price list (a single exit price), ATC risk classes, reporting, and drug utilisation review.

5.3.25. To control costs, the solution must prioritise dispensing generic medicines (the same ingredient, strength, and dosage form). Claims should be automatically processed against the generic reference price.

5.3.26. The solution must support treatment compliance management (collection of pharmacy scripts and corresponding claims). Non-compliance should be identified as a potential cause of overutilisation.

5.3.27. The solution must accommodate different pharmacy markup models as agreed with various pharmacy groups.

5.4. Case Management

5.4.1. The solution must support both in-hospital and out-of-hospital case management, including milestone development for each intervention and workflow management.

5.4.2. The solution must provide dashboards for managers and teams to optimise case load distribution per case manager based on quality and benchmarks set by a case management productivity tool.

5.4.3. Cases must be risk-stratified (low, medium, high) for follow-up, caseload allocation, and monitoring purposes.

5.4.4. Case managers must have mobile devices/tablets equipped with integrated, real-time access to: —

5.4.5. Rehabilitation outcomes tool.

5.4.6. Productivity tool.

5.4.7. Geo-mapping tool.

5.4.8. Loading/updating the treatment plan (with change tracking and employee number, log-in details, and date/time logging for audit purposes).

5.4.9. The case management module must incorporate policies and protocols supporting the serious injury list (initially) and minor injury protocols (subsequently).

5.4.10. Case managers must have access to online forms for claim origination, pre-authorisation templates, and relevant modules for requesting emergency services. Progress reports (linked to the case number and specific injury type) must be submitted via the solution.

5.5. In-Hospital Requirements

5.5.1. In-hospital case management must be provided for serious injuries based on ICD-10 codes and the serious injuries list.

5.5.2. Emergency medical services (EMS) alerts —The EMS process must alert the case manager via a configured workflow of seriously injured patients requiring immediate case management.

5.5.3. Hospital notification (level 3 pre-authorisation) —For Level 3 pre-authorisation, admitting facilities must notify the case manager within 72 hours of admitting seriously injured patients.

5.5.4. Initial case management actions—The case manager must facilitate accelerated registration, merit assessment, compliance checks, and the issuance of an emergency undertaking.

5.5.5. Ongoing hospitalisation, level of care changes, assistive devices, and other related services are subject to the RAF's pre-authorisation framework. The system should allow for manual updates from the case managers.

5.5.6. The workflow must facilitate early referral for specialised care and/or early rehabilitation.

5.6. Out-of-Hospital (Field Case Management)

5.6.1. The in-hospital case manager's pre-discharge planning triggers field case management referrals. The solution must automatically allocate cases based on geo-mapping to optimise home visit planning.

5.6.2. Real-time digitisation of the treatment plan and rehabilitation outcomes tool, integrated with the case management solution, will enhance efficiency and improve clinical decision-making.

5.6.3. The solution must provide templates for field case managers to complete online, including functionalities for—

- Monitoring clinical progress
- Notifications for doctor's visits
- Prescription renewals
- Device updates

5.6.4. All home visits must be recorded in the system within 72 hours, with relevant clinical fields completed and the treatment plan updated as needed. The case manager must validate the receipt of high-cost assistive devices and document caregiver requirements.

5.6.5. The solution must integrate with the caregiver solution, enabling timesheet uploads and banking detail verification for timely caregiver payments.

5.6.6. Caregiver allocation per claimant rules should be automated and adjusted (reduced) as the patient's condition improves based on data from the rehabilitation outcomes tool.

5.6.7. An electronic version of the rehabilitation outcomes tool must be integrated, including graphs for monitoring clinical improvement. This tool should guide follow-up questions and recommendations per encounter/intervention with the claimant and caregiver.

5.6.8. Predictive data analysis and modeling should be used for case risk stratification, prioritisation, and work allocation.

5.7. Office Bound Case Managers

5.7.1. The solution must enable office-bound case managers to: —

- Relay information to hospital and field case managers.
- Request hospital LOS and LOC updates to identify cases exceeding intervention timelines.
- Review inpatient progress notes.
- Flag high-cost pre-authorisation requests.
- Perform claimant risk profiling.

5.7.2. Module integration—The solution must integrate hospital, field, and office-based case management modules.

5.7.3. Basket of care management—Office-bound case managers must be able to define the basket of care for injury-specific undertakings, which field case managers then implement.

5.7.4. The solution must support the allocation of attendance frequency and limits for services within the treatment plan (e.g., dieticians, physiotherapists, OTs, biokineticists).

5.7.5. Network management and contracting—The module must integrate with network management and service provider contracting for long-term clinical needs (e.g., non-perishables, nappies, and catheters) to contain costs and improve access to future medical care.

5.7.6. Pre-authorisation integration—The module must also integrate with Level 1, 2, and 3 pre-authorisations to ensure cost-effective access to clinically appropriate treatment.

5.8. Assessment of Serious Injuries

5.8.1. Injury seriousness determination—This module must determine whether an injury is serious or non-serious. The assessment begins by checking the ICD-coded primary diagnosis against the serious injuries list. A Whole-Person Impairment (WPI) of 30% or more is also required to classify a diagnosis as serious.

5.8.2. System capabilities —The solution must: —

a) Support ICD-10 and ICD-11 coding.
b) Identify secondary diagnoses for complete coding.
c) Access and utilise the Serious Injuries List.
d) Flag all injuries with a WPI below 30% as non-serious when there is no narrative test captured.
e) Capture and store the received narrative test and request expert reports upon assessment completion.

5.8.3. Post-assessment actions (serious injuries)—If the injury is assessed as serious, the solution must recommend General Damages (GD), retrieve past medical information, and offer an injury-specific undertaking.

5.9. Medical Bill Review

The solution must have functionality for the following bill review process: -

5.9.1. Evaluate medical bills—Compare bills against the clinical engine and allocate payments based on regulated or negotiated rates. This includes verifying service provider credentials (HPCSA, BHF numbers, domicile) and assessing the clinical appropriateness of the treatment by evaluating ICD-10 codes against RPL and/or CCSA codes, medication, physical therapy, etc.

5.9.2. Determine clinical appropriateness—Use treatment protocols, SOPs, guidelines, position papers, RAF formularies, policies, and clinical protocols to determine acceptable treatment. Repudiated treatment must be guided by the RAF's Exclusion list.

5.9.3. Calculate savings and adjudicate—Calculate savings as the difference between requested and approved amounts. The process should allow for requesting additional documentation and motivation for further adjudication.

5.9.4. Manage complex cases—Support referral of complex cases to the Advisory team. Specifically: —

a) Orthotic cases exceeding R250,000 are automatically referred.
b) PME cases exceeding R1 million are automatically referred.

c) The solution must manage work allocation, flag high-cost cases, and track case completion within specified timeframes.
d) The solution must facilitate the referral of complex cases to the advisory team, including supporting documentation.
e) The module must access relevant protocols and link LOC/LOS to diagnoses.
f) The module must integrate with pre-authorisation.
g) Approval and decline templates must be standardised, and rejection codes must be provided for declined codes.

5.10. Assessment of Future Medical Expenses

The solution must assess future medical expenses by linking diagnoses to an undertaking and a related basket of care. This includes: —

5.10.1. Generating injury-specific undertakings—Based on the nature and severity of the injury, the solution must generate the appropriate undertaking for the diagnosis. A repository of 67 pre-defined baskets of care must be stored and updated bi-annually within the module's document storage.

5.10.2. Linking diagnoses to undertakings and baskets of care—The solution must link diagnoses to an Undertaking and its associated basket of care, including estimated amounts.

5.10.3. Integration with other solutions—The module must integrate with the claim engine's rules, pre-authorisation process, contracted service providers, and geo-mapping functionality (to match recommended care with available providers). It must also align with coding rules, pharmacy benefit management, SOPs , pathology, and radiology rules, and rules derived from approved policies.

5.11. Management of Medical Specialities (Disciplines) and Networks

The solution must manage medical experts and networks, including the following: –

5.11.1. Network management—Monitor service providers for outliers, over-servicing (based on engine rules), price negotiation, contract management, clinical risk analysis, profiling, reporting, and fraud management.

5.11.2. Medical expert qualifications and reporting—All medical experts must be trained in medical assessment and submit information according to the AMA guide classification (full injury descriptions and summaries acceptable, using a developed template or the AMA guidebook summary form). Adherence to this reporting format must be enforced.

5.11.3. Online report templates—Develop online report templates with mandatory fields. The solution should prevent submission if mandatory fields are incomplete. Free text fields should also be available.

5.11.4. Automated claim submission and workflow—Upon report submission, a claim for the medical expert should be automatically submitted electronically. The report should then

be entered into a workflow for review against the claimant's profile. Approved reports should trigger automatic payment to the medical expert.

5.11.5. Medical expert network and scheduling—The solution should maintain a network of medical experts by speciality (discipline) and use a geo-mapping tool to calculate the distance between the claimant's home and the nearest specialist. Integration with a medical expert scheduling solution is required.

5.11.6. Automated reminders to experts—The solution must send automatic email reminders to medical experts (based on a frequency defined by RAF) until the online template is completed or a report is logged against the claimant. SLA monitoring from the booking date to report completion, and a workflow for query resolution with the head office are required.

5.11.7. Internal staff reminders—The solution must allow internal RAF staff to set reminders on a calendar for groups or individuals.

5.11.8. Contracting and SLA management—The solution must manage contracts and SLAs for service providers and medical experts, including SLA monitoring for each expert and consequences for non-adherence based on trackable information. This ties back to the network management capabilities mentioned in point 1.

5.12. Medical Advisory Process

The solution must support an MA process, facilitating referrals to a multi-disciplinary clinical team. This process should handle complex cases and those exceeding predefined thresholds, using a standardised MA form for information gathering. The MA team will utilise treatment protocols, SOPs, policies, tariffs, and scientific databases (e.g., Science Direct) to formulate clinical opinions and recommendations. The solution must include the following features:

5.12.1. Electronic referral submission—Enable electronic submission of MA referrals.

5.12.2. Automated referral flagging and documentation—Automatically flag potential referrals to bill reviewers and case managers, prompting them to submit relevant supporting documentation.

5.12.3. Intelligent routing and notifications—Allow the sender to select a specific multidisciplinary team member for referral routing. The solution must then notify the recipient of the new query.

5.12.4. The system should also allow for a QA process for all auto-routed referrals.

5.12.5. Automated tracking and response—Automatically assign a unique reference number (linked to date and query type) to each referral and generate a receipt acknowledgement. The Advisory team must resolve the query within defined timelines, and the solution must automatically forward the response to the sender.

5.12.6. Information requests and query closure—Allow the advisory team to request additional information and automatically close queries if the requested information is not received within specified timeframes.

5.12.7. Reporting—Generate monthly and quarterly reports detailing senders, query types, query statuses, and generated savings.

5.12.8. Savings reconciliation—Enable the system to reconcile accumulated savings against the actual amounts paid.

5.13. Management of HPCSA Tribunal process

5.13.1. All communication with the Tribunal committee must occur through the solution. Communication logs should be attached to the specific claimant/provider/third-party record.

5.13.2. Requests for reports and documents must be submitted online. Relevant documents (if uploaded and categorised under the specific link number) must be automatically accessible via a link in correspondence to the claimant based on the link number. This includes, but is not limited to —

a) RAF Form 1
b) RAF Form 4
c) Medical Reports

5.13.3. Tribunal committee decisions must be communicated via the solution using online templates, standardised wording, and clear reasons for the decision.

5.13.4. These communications must include links to the documents used to reach the decision. The solution should then automatically initiate a workflow based on the decision template, triggering any necessary actions by the relevant departments.

5.14. Integration Requirements

5.14.1. The solution must fully integrate with all key stakeholders, outsourced service providers, and partner facilities.

5.14.2. Service providers, medical experts, and their practices must be fully integrated to ensure easy access to information, reports, payments, and other necessary functionalities.

5.14.3. Ongoing integration efforts will be required to improve service levels and reduce costs continually.

5.14.4. Third parties/service providers to be successfully integrated include, but not limited to: -

a) Participating Hospitals,
b) Emergency services providers,
c) Pathology and Radiology practices,
d) Medical experts,
e) HPCSA,

f) Allied Health Professions Council,
g) PCNS of the Board of Healthcare Funders,
h) MediKredit,
i) Other RAF IT systems.

5.15. Real-Time Claiming

The solution must support real-time claiming, including: -

5.15.1. Real-time validation of claimant information.

5.15.2. Real-time verification of benefit eligibility.

5.15.3. Automated daily uploads and integration of files, including but not limited to the MediKredit NAPPI file and the BHF file.

5.15.4. The solution must maintain a MediKredit NAPPI file update history, including price changes.

5.16. Web Functionality

The solution must provide robust web functionality, including: -

5.16.1. Seamless integration with outsourced and other RAF service providers.

5.16.2. Internet-accessible web portals tailored for claimants, providers, employers, lawyers, and other relevant stakeholders.

5.16.3. The web portals and the core operational solution modules must be fully integrated in real time.

5.17. Mobile Applications

5.17.1. The solution must extend to mobile applications that will significantly benefit RAF's clientele, especially in claimant services and benefit compliance.

5.17.2. These applications should also leverage SMS updates, reminders, and communication to enhance the value proposition for claimants and service providers awaiting payment.

5.18. Provider Site

The Provider portal must offer the following functionalities, accessible via top-level tabs: -

5.18.1. Enable providers to submit claims in real time. This functionality must integrate with diagnosis codes, tariffs, treatment protocols, and authorised treatments. It must trigger relevant clinical rules and flags (including the Exclusion List) and incorporate fraud detection mechanisms.

5.18.2. Display the provider's claims history for the past 12 months. The view must be filterable by the claimant, link number, invoice reference, treatment date, and provider type. The system should have functionality to view history transactions up to 5 years.

5.18.3. The claims history display must include the claimant's clinical details (primary and secondary diagnoses, treatment provided, and date), the treating provider's professional membership and practice number, the claimed and paid amounts, and the payment date. Each claim entry must be linked to a detailed view that displays diagnostic, procedure, and tariff codes.

5.18.4. Display recent correspondence (including statements) between the Fund and the provider for the past 12 months.

5.18.5. Filter correspondence by (date, document type, and claimant) and provide a download link/functionality for each listed document.

5.18.6. Display all recent queries from the service provider, including the reference code, date, category, status (e.g., In progress, Completed), and resolution date (if applicable).

5.18.7. Enable providers to verify claimant eligibility by checking the link number.

5.18.8. Display the claimant's entitlements based on the treatment plan and injury-specific undertaking, including diagnoses, injury type, treatment entitlements, treatment plan and duration/frequency of supportive equipment, and claimant details (name, age, gender).

5.19. Fraud Detection

Fraud detection and prevention functionality must be implemented, including but not limited to the following: -

5.19.1. Clinical provider profiling linked to the (FID).

5.19.2. Utilisation and claims trend analysis.

5.19.3. Forensic audits for inappropriate/false claims.

5.19.4. Separation of claims processing functions from provider updates and payment functions.

5.19.5. Pre-payment run audits of large payments to members or individual providers.

5.19.6. Audits of selected accounts before processing.

5.19.7. Automated and exception-based clinical audits and bill reviews of all hospital accounts.

5.19.8. Flagging of high-cost accounts exceeding a defined threshold.

5.19.9. Consideration for on-site admission audits.

5.20. Claimants’Site

The Claimant portal must provide the following functionalities:

5.20.1. Home —Display a summary of the claimant's profile, including personal and contact details (with a link to edit contact information), names, personal details, authorisations, and a summary of covered/approved items/services.

5.20.2. Claims history —Display claims for the past 12 months, filterable by claimant, service provider, and treatment date. The system should have the functionality to view historical transactions dating back up to 5 years.

5.20.3. Claim details—The claims list must include the claimant, service provider, treatment date, invoice reference, claimed and paid amounts, and payment date. Each claim must be linked to a detailed view that specifies who received payment (claimant, lawyer, or service provider).

5.20.4. Entitlement display —Display entitlements per the injury-specific undertaking, including diagnosis, service frequency, and previously approved items/services related to the condition.

5.20.5. Filtering and tracking—Enable filtering by year, service provider, and provided items/services. Based on submitted invoices, allow tracking of changes in claimant needs and equipment modifications.

5.20.6. Authorisation listing—Display recent authorisations (current or completed within the last six months), filterable by claimant and authorisation type. The system should have functionality to view history transactions up to 5 years.

5.20.7. Authorisation Details —Display the reference code, authorisation type, authorised amount, start date, and end date for each authorisation. The solution should control which authorisation types are visible.

5.20.8. Archiving and tracking —Maintain a payment history archive for up to five years. This is crucial for tracking items/equipment issued on (3–5)-year terms, monitoring what was issued and paid according to authorisations, tracking payments for prescribed interventions, monitoring treatment adherence and compliance, and detecting overutilisation and potential clinical fraud.

5.20.9. Correspondence listing—This functionality lists recent correspondence between the Fund and the Claimant, filterable by date and document type.

5.20.10. Document download and access control —Provide a download link for each document. The solution must control which document types are visible, with appropriate security levels/RBAC.

5.20.11. Query management —Display recent queries logged by the claimant (via phone, email, or web), including reference code, date, category, status (e.g., In progress, Completed), and resolution date (if applicable).

5.20.12. New query submission —Allow claimants to log new queries, select a category, and enter free text. New queries must enter the workflow solution.

5.20.13. Exclusion list —Provide access to the exclusion list, which details equipment, medications, and non-clinical or non-evidence-based treatments not covered by the Fund. The solution should reflect that this list is subject to continuous updates based on new evidence and technologies, emphasizing the Fund's commitment to covering reasonable and clinically appropriate care.

5.21. Communication Requirements

The solution must facilitate robust communication across stakeholders, including internal departments/staff, providers, claimants, medical experts, and third parties (e.g., the HPCSA Tribunal committee). This communication must be trackable and auditable. The solution must include the following features:

5.21.1. Internal workflow communication—A workflow process to enable communication between different departments/staff members within the RAF. This is essential for scenarios like referrals to the MA unit or collaboration between different specialities within the RAF.

5.21.2. Concurrent workflow processing —When multiple specialities need to review the same case, the workflow must be capable of simultaneously routing the case to all relevant individuals. All feedback must be logged within the workflow, enabling comprehensive tracking and management of internal SLAs.

5.21.3. External communication and logging —All communication with external parties (providers, claimants, medical experts, third parties) must be conducted through the solution and logged against the specific claimant/provider/third-party record.

5.21.4. Automated notifications —Implement a notification tool to alert specific internal departments/specialties/users when a designated report type is uploaded to a claimant profile.

5.21.5. SMS/WhatsApp integration —Integrate SMS and WhatsApp for business communication modules into the solution.

5.21.6. Communication templates —Provide functionality for creating and using standardised communication templates for specific requirements and authorisation requests.

5.22. Reporting Requirements

The solution must provide comprehensive reporting capabilities, including the generation of monthly and quarterly operational reports as required by business needs. It must also integrate with external systems to receive progress reports and recommendations from service providers (via email or scanned documents with indexing and date received). Granular report details and additional reports will be captured during the business requirements verification phase of the project. The following specific reporting functionalities are required:

5.22.1. Data analysis and Business Intelligence: The solution must include robust data analysis and business intelligence (BI) capabilities. Users should be able to extract and analyse information based on various criteria, including ICD-10 codes, RPL codes, CCSA codes, healthcare practitioner, date ranges, active undertakings, patient risk levels (low, medium, high), follow-up frequency, hospitalisations, high-cost cases and diagnoses, common admission codes and complications, average length of stay (LOS) per level of care (LOC),

top 10 diagnoses, rehabilitation outcomes, return-to-work status, reasonable accommodation provisions, percentage of patients allocated to step-down facilities, home care for disabled individuals, or home care with a caregiver.

5.22.2. Savings Reports —Generate reports detailing cost savings achieved.

5.22.3. Daily workflow dashboards —Provide daily dashboards to monitor and manage workflows.

5.22.4. Ethical service provider database —Maintain a database of ethical service providers of clinical equipment based on pre-defined reasonable criteria. The solution must support requests for new clinical equipment, which must be SAMED-approved.

5.22.5. Foreign claimant management framework —Provide reporting and management tools specifically for foreign claimants.

5.22.6. Serious injury reporting —Generate reports on claimants with severe injuries.

5.22.7. Clinical risk reports —Generate reports to assess and manage clinical risks.

5.22.8. Mortality reporting —Generate mortality reports, including ICD-10 codes and deregistration information (integrated with Home Affairs data).

5.22.9. Diagnosis-Related Grouper (DRG) Integration—Integrate a Diagnosis-Related Grouper (DRG) tool within the reporting/BI functionality. This tool should categorise hospital admissions into statistically homogenous and clinically intuitive categories for reporting, benchmarking, and other analytical purposes.

6. NON-FUNCTIONAL REQUIREMENTS

6.1. Infrastructure and Hosting Requirements

6.1.1. The solution must be capable of being hosted on any Cloud environment, compatible with any operating system, including Linux and Windows, and able to store data in any chosen relational database.

6.1.2. Preferably, the solution must be deployed within the RAF's cloud environment. If this is not feasible, the RAF and the service provider will agree upon an alternative cloud environment.

6.1.3. The solution must adhere to the following infrastructure requirements.

6.2. Reliability and Availability

6.2.1. The solution must maintain a 24/7 availability for all users with a target uptime of 99%.

6.2.2. Given the potentially severe downtime consequences for claimants and medical professionals, the solution must ensure uninterrupted access to claimant information and critical functionalities

6.2.3. Proactive system monitoring should be in place to detect and address potential issues before they impact users.

6.2.4. Any planned downtime must be communicated in advance with reasonable and agreed-upon notice.

6.3. Backup and Recovery

6.3.1. The system should be designed with redundancy and failover capabilities to minimise unplanned downtime.

6.3.2. The solution must have a robust infrastructure, including redundant servers, comprehensive backup mechanisms, and well-defined disaster recovery plans with automatic failover capabilities.

6.3.3. The solution must also have an RTO of no more than 8 hours and an RPO of no more than 8 hours.

6.4. Scalability and Performance

6.4.1. The solution must be designed for high performance and scalability to ensure smooth and efficient operations.

6.4.2. It must be able to handle large data volumes and concurrent users without significant performance degradation.

6.4.3. The solution must provide real-time data access through efficient data retrieval and processing mechanisms.

6.4.4. The solution’s architecture must be scalable to accommodate future data storage and user demand growth.

6.5. Security and Privacy

6.5.1. Given the sensitive nature of claimant health information, the solution must prioritise security and privacy.

6.5.2. Robust security measures, including user authentication, role-based access controls, encryption, and audit trails, will be essential to protect claimant data from unauthorised access, breaches, and cyber threats and must form part of the solution. Audit logs should be retained online for 12 months with the option for long-term archiving.

6.5.3. Compliance with data protection regulations such as POPIA, GDPR, and HIPAA is mandatory to safeguard claimant privacy and adhere to legal and ethical standards.

6.5.4. The solution must support strong authentication controls, including multi-factor authentication and single sign-on.

6.5.5. All users must be centrally authenticated, and administrator/privileged accounts should have an added layer of authentication (Multi-Factor Authentication and/or context-aware access control). Integrate with RAF Microsoft Entra-ID

6.5.6. The solution must be able to enforce access control based on the least privilege principle and allow for granular role-based access control.

6.5.7. Session management controls must be designed into all system components to safeguard against session hijacking and session replay attacks.

6.5.8. The solution must support enforcing the “separation of duties” principle for sensitive /critical processes.

6.5.9. The solution must allow for a seamless review of access rights and authorisation granted to system users/services.

6.5.10. Due to the nature and sensitivity of the information/data that will be processed and stored on the system, the solution must be designed with integrity controls to ensure that the information's accuracy, reliability, completeness, and correctness are protected from unintentional and/or unauthorised alteration/modification.

6.5.11. The solution must also provide integrity protection for data creation/addition, modification, and deletion.

6.5.12. Secure design and development principles must be factored into all system interfaces and integration points with end users, RAF third parties, and integrated systems.

6.5.13. These controls should cover the following: -

a) Validation of all inputs based on acceptable and expected inputs (range checks, invalid characters, lower and upper volume limits, mandatory fields, correctness, and completeness).

b) Validation of all outputs based on acceptable and reasonable output values (plausibility checks and reconciliation controls)

c) Ensuring that error and exception reporting/messages do not inadvertently disclose sensitive information.

d) Secure architecture design that segregates major system components (e.g., Front-end, Application, and Data layers).

6.6. Data Protection, Encryption, Obfuscation and Tokenisation

6.6.1. The solution must enforce data protection controls, such as data encryption at rest and in motion, to safeguard sensitive data (health, financial, and personally identifiable information) against unauthorised access and leakage.

6.6.2. Database components must provide for granular field/column obfuscation/tokenisation to provide additional safeguards against insider threats and privileged users unnecessarily accessing highly sensitive data on databases.

6.6.3. The solution must enforce real-time protection of sensitive/critical datasets/databases against unauthorised data manipulation/definition queries.

6.6.4. The solution must enforce secure management channels by default, with no clear-text protocols used for management/administration processes.

6.6.5. Secure authentication and accountability controls must be enforced on critical system processes/activities to ensure non-repudiation of transactions/activities.

6.6.6. The proposed solution must also have the ability to integrate with Data Security Platforms.

6.7. Audit Trails

6.7.1. The solution must record all activities in a secure log file that is protected from tampering and unauthorised modification/erasure or deletion.

6.7.2. Where sensitive data is recorded in audit logs, the audit must not be stored in clear text, and access must be allowed only to authorised personnel.

6.7.3. The following details must be recorded in audit logs at a minimum:

6.7.4. (User ID, Timestamp, System identity/source where available, Nature of the Activity/Transaction, Changes to system configuration, user details, Privilege use)

6.7.5. The solution must also support forwarding security events/logs to an external security incident and events management solution(Microsoft Sentinel).

6.8. Interoperability

6.8.1. The solution must be interoperable, meaning it can seamlessly exchange data with third-party, healthcare, and internal systems.

6.8.2. The solution must support established interoperability standards such as Health Level 7 (HL7) and Digital Imaging and Communications in Medicine (DICOM) to facilitate data sharing with external stakeholders, including emergency services, hospitals, laboratories, pharmacies, imaging centers, and other healthcare providers.

6.8.3. Achieving this interoperability will improve care coordination, reduce redundant data entry, and foster collaboration with external healthcare providers.

6.9. Usability and User Experience

6.9.1. The solution must prioritise usability and user experience, ensuring ease of navigation for medical professionals with varying technical expertise.

6.9.2. The solution should be intuitive, featuring logical workflows, clear labelling, and straightforward operation.

6.9.3. Comprehensive documentation and training materials must be provided to support effective user adoption and system utilisation.

6.10. Compliance

6.10.1. The solution must adhere to all relevant legal and regulatory requirements for healthcare systems, including but not limited to POPIA, GDPR, and HIPAA.

6.10.2. This compliance is critical for safeguarding the claimant's privacy and data security, maintaining trust, and protecting their rights.

6.10.3. The solution must be compatible with commonly used web browsers like Microsoft Edge, Google Chrome, Mozilla Firefox, and Safari.

6.11. Extensibility and Integration

6.11.1. The solution must be designed for extensibility and seamless integration with other healthcare systems and external applications.

6.11.2. The solution must utilise APIs (Application Programming Interfaces) to integrate with external systems, such as laboratory information systems, radiology systems, Electronic Health Records (EHRs), and other relevant healthcare platforms.

6.11.3. The integration must enhance interoperability, improve data consistency, and contribute to a more connected healthcare ecosystem.

6.11.4. The solution must adapt to the RAF's evolving needs and be customisable and extensible.

6.11.5. The solution design must thoroughly consider and address both functional and non-functional requirements.

7. TRAINING AND KNOWLEDGE TRANSFER

As part of the implementation plan, the service provider must provide training to chosen users, including RAF's train-the-trainer program for 25 employees.

7.1. Documentation

7.1.1. All technical documentation, including architecture artefacts, must be delivered as part of the document's scope. This will include all architecture domains.

7.1.2. (Business, Information, Data, Application, Technology, and Security domains)

7.1.3. Training and training manuals.

7.2. Hypercare and Initial Support

The service provider is required to deliver hypercare support after the implementation of each release. The Hypercare services will include, but are not limited to: -

7.2.1. Resolution of all post-go-live issues to prevent business disruptions and ensure system stability.

7.2.2. Incident Management that involves Rapid response, diagnosis, and resolution of system incidents, such as:

7.2.3. Severity 1 (Critical) - A system outage or major functionality impairment impacting many users. The target resolution time must be 2 hours or less.

7.2.4. Severity 2 (High) – A significant functionality impairment affecting a subset of users. The target resolution time must be 4 hours or less.

7.2.5. Severity 3 (Medium) - A minor functionality impairment or performance degradation. The target resolution time must be 8 hours or less.

7.2.6. Severity 4 (Low) – A cosmetic issue or minor documentation error. The target resolution time must be 24 hours or less.

7.2.7. Problem Management through proactively identifying and resolving underlying causes of recurring incidents.

7.2.8. Change Management support for implementing emergency changes and hotfixes. This includes impact assessment, testing, and deployment support.

7.2.9. Proactively monitor the system to identify potential issues before they impact users.

7.2.10. Regular reporting on incident trends, resolution times, and system performance.

8. MAINTENANCE & SUPPORT – 5 YEARS

8.1.1. Bidders should note that the 5-year maintenance and support agreement will commence only after the implementation of the final release. It will begin once all releases have been successfully implemented following the hypercare period of the last release.

8.1.2. Following the implementation of the final release, the service provider will execute a five-year maintenance and support agreement to ensure the solution's continued relevance and prevention of business interruptions.

8.1.3. User support services must be available during RAF’s office hours, 8:00 AM to 5:00 PM, Monday to Friday. This support should be accessible via omnichannel, such as [Phone, WhatsApp, email, or online portal].

8.1.4. Service Level Agreements (SLAs) should be defined for response and resolution times for support requests.

8.1.5. A knowledge base or FAQ section should be available to users for self-service support.

8.1.6. Train internal ICT and business staff on the administration and maintenance of the new solution.

8.1.7. Provide ongoing post-implementation support for all the upgraded and implemented environments, including troubleshooting, performance tuning, and system maintenance.

8.1.8. 24/7 on-call support for critical issues.

8.1.9. Continue to monitor and maintain the systems proactively as well as conduct regular and continuous reviews and optimisation.

8.1.10. Ensure the continued security of SAP deployments based on defined minimum-security baselines and SAP-recommended best practices.

8.1.11. Remediate identified security vulnerabilities through system configuration hardening and installing security and system patches/updates.

8.1.12. Support requirements: -

a) Define clear service level agreements (SLAs) for support services.

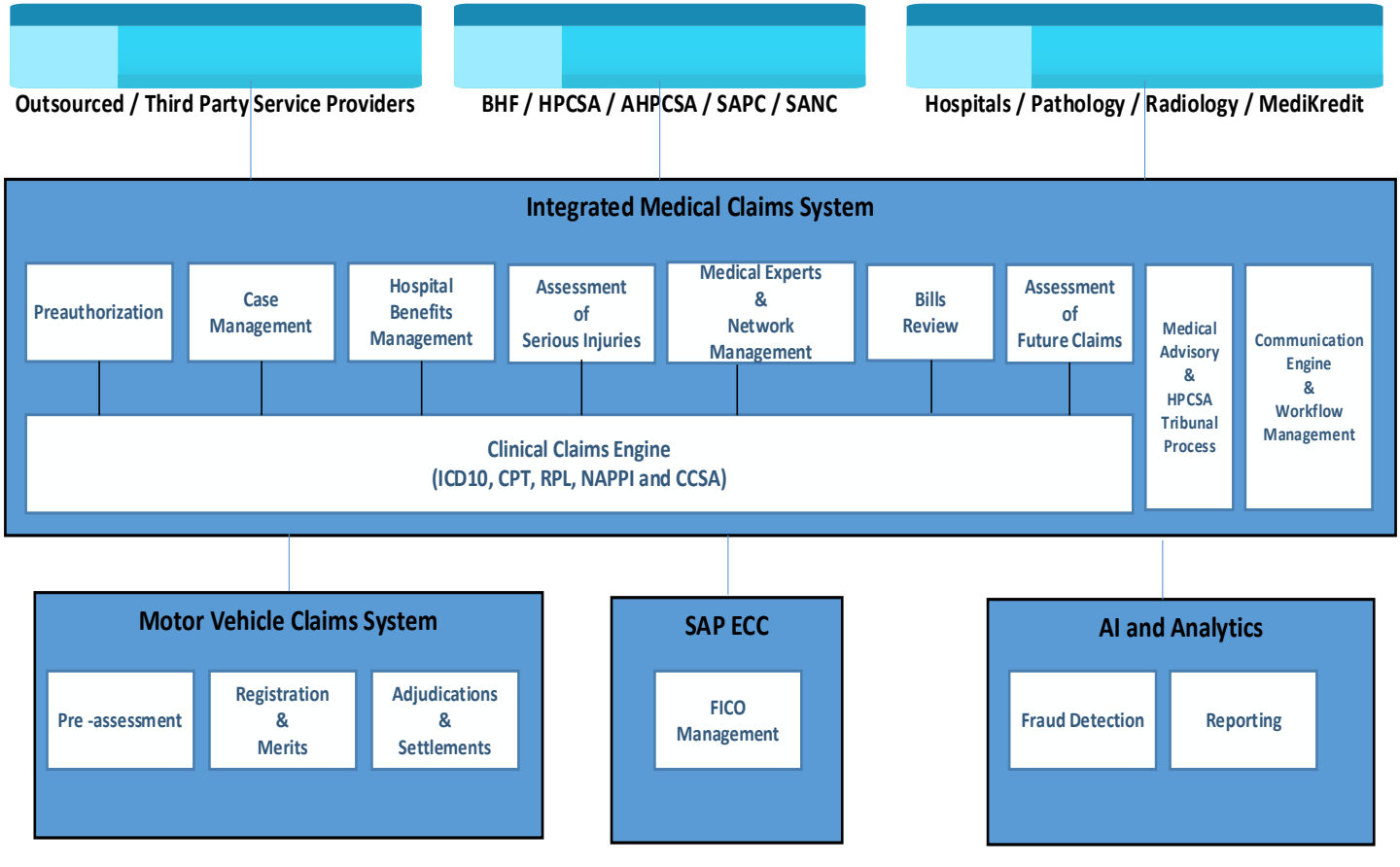
b) Provide a dedicated support team with expertise in the solution, for administration and maintenance.

c) Ensure prompt response and resolution of all post-implementation support requests.

d) Provide regular maintenance and performance tuning activities to optimise the system performance.

9. CONCEPTUAL SOLUTION ARCHITECTURE

This conceptual architecture offers a high-level overview of the proposed solution, illustrating how business requirements will be addressed. Please note that this preliminary design does not represent the final solution architecture or its scope.



10. PROJECT APPROACH

The service provider must establish a Project Management team led by qualified experts to deliver the following:

10.1.1. Stakeholder engagement plan —Develop and execute a stakeholder communication and management plan.

10.1.2. Project governance structure —Define project governance, including project steering committee setup and reporting protocols.

10.1.3. Resource allocation —Plan and allocate resources for personnel, infrastructure, and software activities.

10.1.4. Project software delivery methodology - Adhere to Agile delivery methodology, ensuring timely milestones and deliverables.

10.1.5. Risk and issue management - Maintain a risk register and an issue escalation matrix.

10.1.6. The project's extensive scope and complexity necessitate a phased implementation approach to meet urgent business needs. The project may where practical be divided into three releases, each delivering specific modules and functionalities aligning with business requirements.

1. The initial release, which addresses core business requirements, will launch six months after the project begins, with additional releases scheduled every six months thereafter.
2. The project, including all proposed releases, is expected to be completed within 18 months, after which maintenance and support will begin.
3. The solution must be delivered using Agile project management methodology to ensure the timely delivery of each release.

The proposed release plan is outlined herein.

Release	Module/Functionality
Release One	Clinical claims rule engine
	Pre-Authorisation
	Case management clinical risk analysis.
	Claims processing
	Provider web login site
	Provider profiling / Clinical fraud detection and management supported by guidelines.
	Claimant web login site
	Assessment of past medical expenses.
	Management of future medical expenses.
	Medical bill review.
	EMS data management.
	Hospital benefit management (pre- and post-discharge planning and pharmacy benefit).
	Medical specialty / Discipline experts' management solution.
	Medical advisory

	Reporting requirements
	Migration of open history files (electronic and physical files) related to injury-specific undertaking
	Provision of unlimited data storage (reports, files, claims) against claimant's information
	Implementation of RBAC with levels for (CRUD) as per the Delegation of Authority
	Validation of all tariffs, NAPPI, BHF, CCSA, and any files related to the South African Medical Industry
	The solution must allow for different pharmacy markup models as agreed with different pharmacy groups
	Integration with the RAF systems, for example, to pull through the claimant's details and ensure payments from the RAF system.
	Capability to capture pre-existing conditions for claimants based on condition or ICD10 code.
	The solution must be successfully integrated with key stakeholders, outsourced service providers, and facilities partnering with the Fund. In addition, service providers/medical experts and/or practices must be fully integrated for easy access to information, reports, payments, etc. Furthermore, new integrations must continually be introduced to improve service levels and reduce costs.
	Capability to host clinical guidelines and protocols within the solution and to include previous protocols per date change.
	All Non-functional requirements as per the specification
	Integration with third-party service providers.
Release 2	**Module/Functionality**
Release Two	Mobile App
	Assessment of Serious Injuries
	Network Management Module
	Integration with the Department of Home Affairs to validate the patient's South African citizenship and living status.
	Geomapping, for the claimant's address to facilities, medical experts or other relevant providers.
	Internet web functionality through specific portals designed for claimants, providers, employers, lawyers, etc. This web must fully integrate with the operational system modules in 100% real-time.
Release	**Module/Functionality**
Release Three	Medical Experts
	Migrate history for closed files - (files 5 years and less - electronic and physical files).
	Management of the Tribunal process

The following table offers an overview of the expected project activities, associated outputs, and deliverables.

This summary outlines the minimum project's expectations. While it outlines key activities, it does not cover every aspect of the project.

Activity	Action Items	Output/Deliverables
Needs Analysis	1. Document and confirm business requirements. 2. Validate business requirements. 3. Define a high-level solution architecture. 4. Conduct initial readiness assessments. 5. Develop a comprehensive roadmap.	1. Confirmed Business Requirements Document. 2. Solution architecture. 3. Implementation roadmap.
Governance, Programme, and Project Management	1. Establish Project Governance structures. 2. Draft the project charter and define roles and responsibilities. 3. Set up a detailed Project Plan and Schedule.	1. Project charter with all governance structures and project methodology. 2. Project /Programme Plan with timelines.
Licensing requirements	1. Assess and recommend a suitable licensing model based on the business requirements. 2. Source and configure temporary licenses to be used during the implementation phase. 3. Permanent licenses must only be applied post go live.	1. A document recommending the necessary licenses and outlining the recommended terms for each. 2. Facilitate license acquisition and implementation.
Planning and Design	1. Perform Gap Analysis and Blueprinting. 2. Design Target Architecture. 3. Finalise Functional and Technical Specifications.	1. Technical design documentation detailing the technical infrastructure, including configuration and customisation specifics. 2. A business blueprint that describes the configuration and customisation needed to implement the new

		solution.
Configure, Build, and Test	1. Configure all Modules per the release plan, including integration points. 2. Implement Security and Governance requirements. 3. Implement Integration requirements. 4. Develop and execute Test Plans. 5. Conduct UAT per the release plan.	1. Security Configuration Document of the security configuration of the new system and how it addresses the security requirements. 2. Interface/Integration document for all interfaces/integrations with other systems. 3. Operations Manual of the newly configured system. 4. Document outlining data governance to manage regulatory requirements and internal policies, ensuring data quality, security, and privacy. 5. Security Configuration Documentation of the security configuration settings implemented in the new system, including user access controls, authorisation settings, and system parameters. 6. Security Hardening Procedures for hardening the new system, including applying security patches, disabling unnecessary services, and configuring firewalls. 7. Security Integration Documentation of the system and system with other identity and access management systems. 8. User Roles and Permissions Matrix defining user access levels and permissions within the system. 9. Demonstrate the new system's features and relevance to specific business needs. 10. Testing Strategy and Test Cases documenting the testing approach and specific test scenarios 11. Test plan and Test cases covering all relevant scenarios and use cases. 12. Test Scripts and Results recording the results of various testing phases (unit, integration, UAT). 13. Successful User Acceptance Testing (UAT) to validate the system against business requirements and formal sign-off from business users confirming that the new functionalities meet their requirements. 14. Security Audit Logs and Reports configuration that track security-related events and activities as per the requirements.
Training and Deployment	1. Conduct a comprehensive Training Needs Analysis. 2. Deliver hands-on training sessions and a Train-the-trainer program. 3. Conduct deployment rehearsals. 4. Execute production go-live activities, including history file upload.	1. Training Plan: A detailed plan outlining the training approach, materials, and schedule. 2. Deployment Plan: A comprehensive plan describing the steps necessary to deploy the system into the production environment. 3. Data Migration Strategy: An extensive strategy that outlines the overall approach for migrating historical records. This should include the types of data to be migrated, the tools and techniques to be employed, timelines for the migration process, and the necessary resources. 4. Go-Live Checklist: A list of tasks that must be completed before the system goes live.
Organisational Adoption and Change Management	1. Develop and execute change and communication plans in collaboration with RAF. 2. Provide a change management resource to support RAF's internal change management team during implementation.	1. Change Management Plan outlining the strategy for managing the change associated with the system implementation.
Hypercare and Post-Go-Live Initial Support	1. Provide Hypercare Support. 2. Monitor System Performance and resolve issues. 3. The hypercare period should minimise any negative impact on business operations caused by the new system. 4. Conduct project closure activities after the last release.	1. A clearly defined support model to address any issues or questions that arise after the system goes live. 2. A stable and reliable system with minimal critical errors, performance issues, or disruptions to business operations. 3. Rapid issue resolution that quickly identifies, diagnoses, and resolves any problems in the production environment after launch. 4. Ongoing support, training, and guidance to ensure users are comfortable and proficient with the new system.

		5. System performance monitoring and optimisation in a real-world environment, making necessary adjustments to enhance performance. 6. Early detection and prevention of issues by closely monitoring the system and user feedback to avert potential problems before they escalate. 7. A detailed hypercare plan outlining hypercare activities, timelines, resources, escalation procedures, and the communication strategy. 8. Daily and weekly status reports summarizing the activities of the hypercare team, including the number of issues reported, resolved, and outstanding, along with system performance metrics. 9. Issue logs tracking all reported issues during hypercare, including descriptions, priority levels, assigned team members, resolution steps, and current status. 10. Root cause analysis reports for significant issues, documenting the cause of the problem and the steps taken to prevent its recurrence. 11. Knowledge-base articles and FAQs addressing common issues and their solutions to enable users to self-serve and reduce the support burden. 12. Updated training materials if any gaps in user understanding are identified. 13. System performance reports on key indicators such as response times, transaction volumes, and resource utilisation. 14. A hypercare exit report summarising the hypercare period, including key metrics, lessons learned, and recommendations for future implementations. 15. A known issues list documenting any technical problems or limitations identified during the upgrade/configuration process and applicable workarounds. 16. A post-go-live support plan and documentation defining the support process after the system launch, including maintenance and troubleshooting guidelines.
Detailed Project Risk Management Plan	1. Effective risk management that prevents or quickly resolves issues, reduces downtime, and improves the user experience. 2. Proactive risk management to avoid costly rework, delays, and other negative consequences. 3. Proactive Risk Mitigation where risks are identified, assessed, and mitigated proactively, minimising their potential impact on the system and business operations. 4. Increase Stakeholder confidence through a well-managed risk process, demonstrating that the project/system is being managed responsibly.	1. An up-to-date Risk Register, which is a living document listing all identified risks, their descriptions, potential impact, probability of occurrence, risk rating, and assigned owners. 2. Risk Assessment Reports summarising the results of risk assessments, including the top risks and their potential impact. 3. Risk Response plans for mitigating or responding to each identified risk, including specific actions, responsible parties, and timelines. These are dynamic and updated as needed. 4. Contingency plans for dealing with specific risks if they materialise, outlining alternative approaches and resources. 5. Risk Monitoring procedure for regularly monitoring identified risks and tracking the effectiveness of mitigation efforts. 6. Risk reports on the status of identified risks, including any new risks identified, risk rating changes, and the effectiveness of mitigation efforts. 7. Documentation of lessons learned from risk events and mitigation efforts, which can be used to improve future risk management activities.
Maintenance and Support	1. Define a clear support model to address any issues or questions after going live. 2. Implement mechanisms for gathering user feedback, identifying areas for improvement, and implementing enhancements. 3. Ensure the system operates reliably, with minimal	1. The RAF takes full ownership of the system, with the internal support team capable of managing it effectively. 2. System Administration Guide that outlines tasks like user management, system monitoring, and troubleshooting.

	disruptions and acceptable performance levels.	3. Support procedures for handling support requests, including escalation paths, service level agreements (SLAs), and communication protocols. 4. Knowledge Base of frequently asked questions (FAQs), known issues, and solutions, accessible to both users and the support team. 5. Updated technical documentation reflecting any changes made during hypercare. 6. Updated documentation on integrations with other systems made during the hypercare. 7. Updated security documentation, reflecting any changes. 8. Documentation on how to use the system's reporting and analytics capabilities. 9. Contact information for the support team and key stakeholders. 10. Formal Service Level Agreements (SLAs) defining the level of support to be provided, including response times and resolution times. 11. Regular reports on key support metrics, such as the number of support requests, resolution times, and user satisfaction. 12. Process for identifying, documenting, and resolving recurring problems.

11. EVALUATION CRITERIA AND METHODOLOGY

The Evaluation Process will be conducted under the following phases: —

Phase 1: Initial Screening Process — At this phase, Bidders' responses are reviewed to verify that they have responded according to the RAF Request for Bid (RFB) document. **NB:** Compulsory Briefing session.

Phase 2: Mandatory Evaluation Process—At this phase, Bid Responses are evaluated according to the criteria specified in the Request for Bid (RFB) document for compliance with the Mandatory Requirements. Bidder(s) who meet the Mandatory Requirements will be evaluated further on Technical Requirements.

Phase 3: Technical/ Functional Evaluation Process

Part A: Functionality Evaluation - At this phase, Bidder(s) who met the minimum threshold of **65 points out of 100 points** allocated at Functionality Evaluation (Part A) will be further evaluated in Phase 3, Part B (Solution Demonstration). Bidders who do not achieve a minimum **score of 65 out of 100 points** will not be eligible to proceed further with the evaluation and will thus be disqualified.

Part B: Solution Demonstration - At this phase, the bidder(s) must provide a detailed proposal of the solution, which will be evaluated, and bidders must score a minimum threshold of **70 points out of 100** points allocated. Bidders must achieve a minimum score of **70 out of 100 points** for the demonstration to proceed to the next evaluation stage (Phase 4 Price and Specific Goals).

Bidders who do not achieve a minimum score of **70 out of 100** points will not be eligible to proceed further with the evaluation and will be disqualified.

Phase 4: Price and Specific Goals evaluation—At this phase, the bid(s) will be assessed according to the preferential point solution specified in the RFB document.

11.1. MANDATORY REQUIREMENTS (PHASE 2)

All Bidders who do not meet all the mandatory requirements will be disqualified and will not be considered for further evaluation of the functional requirements.

NB: Full points will be allocated only when the criteria are fully complied with. No points will be allocated for partial compliance.

11.1.1	**Compliance with the OEM**	**COMPLY (Y/N)**	**Please specify the section of the proposal that addresses this requirement.**
	The service provider(s) must be accredited by the OEM to implement the proposed solution. Note: The bidder must supply a valid letter or certificate, or any other documentary proof as may be provided by the Original Equipment/Product Manufacture/ Owner of the proposed solution or solutions, indicating their partnership status and products they are entitled to sell, provide and offer professional services for. In the event of a partnership, the main bidder is responsible for ensuring that they (main bidder) comply fully with all applicable requirements and submit all the necessary documentation. The required confirmation, which is not limited to a letter or certificate, must be on the OEM's letterhead, signed by the OEM's signatory (where applicable), and valid as of the bid closing date. Please note that alternative forms of documentary proof will be accepted and verified with the OEM. **NB: The RAF reserves the right to verify the validity of the OEM certificate/letter/any other documentary proof. OEM certificates/letters that have expired before the bid closing date will not be accepted.** ***Important: The successful bidder must ensure their OEM Accreditation/Partnership remains valid throughout the contract with the RAF.***		
11.1.2	**BIDDER'S EXPERIENCE IN THE IMPLEMENTATION OF CLOUD-BASED INTEGRATED MEDICAL MANAGEMENT/ ADMINISTRATION SOLUTIONS**		

Bidders must provide at least one (1) reference letter from a client related to medical insurance or medical schemes in which they have completed an integrated medical management/administration solution to an accredited medical scheme that has been in business for no less than 10 years.

The project/s must have been completed within the last seven (7) years from the bid closing date.

The client reference letter must highlight the services rendered.

In addition of their client reference letter/s, bidders must provide the below details corresponding the provided client reference letter/s.

Client's contact details	**Contract duration (start and end date stated in day, month & year if the implementation falls on the 7th year from the bid closing date)**	**Type of service/s rendered**

NB: RAF reserves the right to verify the reference letter/s. Only letters of reference that indicate the bidder has implemented an integrated medical management/administration solution will be accepted.

For the purpose of this bid: A client is an entity that has received the services from the prospective bidder and not a subcontractor who might have joint forces with the service provider to render the services.

11.2. PART A — FUNCTIONALITY EVALUATION (PHASE 3)

11.2.1	**PROJECT APPROACH & SOLUTION IMPLEMENTATION METHODOLOGY**	**POINTS**
	1. Bidders must submit a detailed project plan with activities, milestones, timelines, and resources necessary to complete the project on time, supported by an implementation methodology. This project plan and implementation methodology must cover the initial implementation/onboarding of RAF, initial configuration & customisation, integration with other RAF systems and external third-party systems, data migration, a contingency plan to manage milestones, Project governance, and an escalation mechanism, etc. This plan must be aligned with the proposed solution and in line with the requirements of this RFP.	**20**

Scoring Matrix	
Methodology Approach & Implementation Plan	**Score**
No project or implementation plan was provided, or the submitted project/implementation plan fulfils less than 5 of the following requirements:	**0**

		i. An implementation methodology outlining how the bidder will manage the project, with support from project governance. ii. The submitted project implementation plan aligns with the proposed solution and the requirements of this RFB. iii. It includes project activities and tasks, milestones, timelines, and project resources. iv. Furthermore, the plan outlines tasks and activities that address the following: 1. The initial onboarding of RAF. 2. Initial configuration and customisation of the solution. 3. Implementation of the solution features. 4. Integration with other RAF systems (internal & external). 5. Migration of history data. 6. Implementation of Reports. 7. Timelines linked to all activities.			
		The provided project implementation plan fulfils between five (5) and nine (9) of the following requirements: i. An implementation methodology outlining how the bidder will manage the project, with support from project governance. ii. The submitted project implementation plan aligns with the proposed solution and the requirements of this RFB. iii. It includes project activities and tasks, milestones, timelines, and project resources. iv. Furthermore, the plan outlines tasks and activities that address the following: 1. The initial onboarding of RAF. 2. Initial configuration and customisation of	**10**		

		the solution. 3. Implementation of the solution features. 4. Integration with other RAF systems (internal & external). 5. Migration of history data. 6. Implementation of Reports. 7. Timelines linked to all activities.		
		The Project/Implementation Plan provided meets all the following requirements: i. An implementation methodology outlining how the bidder will manage the project, with support from project governance. ii. The submitted project implementation plan aligns with the proposed solution and the requirements of this RFB. iii. It includes project activities and tasks, milestones, timelines, and project resources. iv. Furthermore, the plan outlines tasks and activities that address the following: 1. The initial onboarding of RAF. 2. Initial configuration and customisation of the solution. 3. Implementation of the solution features. 4. Integration with other RAF systems (internal & external). 5. Migration of history data. 6. Implementation of Reports. 7. Timelines linked to all activities.	**20**	
11.2.2	**EXPERIENCE OF THE PROJECT TEAM WITH ANY (E.G., AWS, AZURE, GOOGLE OR SIMILAR) CLOUD-BASED INTEGRATED MEDICAL MANAGEMENT OR ADMINISTRATION SYSTEM IMPLEMENTATION.**			**40**
	NB: All proposed team members' experience must be provided using Annexure A - CV template. Years of experience must be provided by date, month, and year for start and			

end periods to enable proper calculation of years of experience.

Please Note: If the service provider cannot meet the requirements to assign the allocated resources as per the submitted CVs for this bid (the resource that was scored for this bid), the service provider must replace them with similar or more experienced resource (s). Replacement must be approved by the RAF and cannot exceed 50% of the original team that was scored.

1. Project Manager's experience

The project/programme manager must have experience managing medical management or claims administration systems implementations.

Proof: A summary of the project or programme manager's CV using the provided CV template.

Project Manager's Experience: Scoring Matrix	
Number of years of Experience	**Score**
No CV OR less than one year of relevant experience submitted.	**0**
Between one and two years of relevant experience	**4**
Between two and three years of relevant experience.	**5**
More than three years of relevant experience.	**7**

2. Developer's experience

The developer must have experience configuring and implementing cloud-based medical management or claims administration systems.

Proof: A summary of the developer's CV using the provided CV template.

Developer's Experience: Scoring Matrix	
Number of years of Experience	**Score**
No CV OR less than one year of relevant experience submitted.	**0**
Between one and two years of relevant experience	**2**
Between two and three years of relevant experience.	**3**
More than three years of relevant experience.	**4**

3. Business Analyst

The Business Analyst must have experience implementing cloud-based medical management/administration systems.

Proof: A summary of the Business Analyst's CV using the provided CV template.

Business Analyst's Experience: Scoring Matrix	
Number of years of Experience	**Score**
No CV OR less than one year of relevant experience submitted.	**0**
Between one and two years of relevant experience	**2**
Between two and three years of relevant experience.	**3**
More than three years of relevant experience.	**4**

4. Data Analyst

The Data Analyst must have experience implementing cloud-based medical management/administration systems.

Proof: A summary of the Data Analyst's CV using the provided CV template.

Data Analyst's Experience: Scoring Matrix	
Number of years of Experience	**Score**
No CV OR less than one year of relevant experience submitted.	**0**
Between one and two years of relevant experience	**2**
Between two and three years of relevant experience.	**3**
More than three years of relevant experience.	**4**

5. System Tester

The System Tester must have experience testing cloud-based medical management/administration systems implementations.

Proof: A summary of the System Tester's CV using the provided CV template.

System Tester's Experience: Scoring Matrix	
Number of years of Experience	**Score**
No CV OR less than one year of relevant experience submitted.	**0**
Between one and two years of relevant experience	**2**
Between two and three years of relevant experience.	**3**
More than three years of relevant experience.	**4**

6. Medical Claims Management Specialist

The Medical Claims Management Specialist must have relevant experience in Claims Management environment and have Business Management / Business Administration / Clinical related qualification.

Proof: A summary of the Medical Claims Management Specialist's CV using the provided CV template and copy of the qualification.

Medical Claims Management Specialist's Experience: Scoring Matrix	
Number of years of Experience	**Score**
No CV submitted OR less than one year of relevant experience submitted with/without a Business Management / Business Administration / Clinical qualification/related OR one/more years of relevant experience with no Business Management / Business Administration / Clinical qualification or related	**0**
Between one and two years of relevant experience with a Business Management / Business Administration / Clinical - related qualification.	**3**
Between two and three years of relevant experience with a Business Management / Business Administration / Clinical - related qualification.	**4**
More than three years of relevant experience with a Business Management / Business Administration / Clinical related qualification.	**5**

7. Clinical Coding Specialist

The Clinical Coding Specialist must have relevant experience in coding in a Managed Healthcare environment and experience in Reference Price List (RPL), International Classification of Disease Tenth revision (ICD 10),Complete Current Procedural Terminology for South Africa (CCSA) and National Pharmaceutical Product Interface (or Index) (NAPPI) coding, and be registered with a relevant South African relevant statutory body as either a

Nurse /Pharmacist /Physiotherapist or any health related professional.

Proof: A summary of the Clinical Coding Specialist's CV using the provided CV template and copy of their valid (not expired from bid closing date) professional registration certificate.

Clinical Coding Specialist's: Scoring Matrix	
Number of years of Experience	**Score**
No CV submitted OR less than one year of relevant experience with/without a valid (not expired from bid closing date) professional registration certificate. OR one/more years of relevant experience with no valid professional registration certificate.	**0**
Between one and two years of relevant experience with a valid (not expired from bid closing date) professional registration certificate.	**3**
Between two and three years of relevant experience with a valid (not expired from bid closing date) professional registration certificate.	**4**
More than three years of relevant experience with a valid (not expired from bid closing date) professional registration certificate.	**5**

8. Managed Healthcare Manager (medically qualified)

The Managed Healthcare Manager must have relevant experience in Managed Healthcare/ Insurance environment and bachelor's degree/Advanced Diploma in a Medical/Clinical related qualification.

Proof: A summary of the Managed Healthcare Manager's CV using the provided CV template and copy of the qualification.

Manager's Experience: Scoring Matrix	
Number of years of Experience	**Score**
No CV OR less than one year of relevant experience submitted with/without a medical/clinical-related qualification OR one/more years of relevant experience with NO medical/clinical-related qualification.	**0**
Between one and two years of relevant experience with a Medical/clinical-related qualification.	**3**
Between two and three years of relevant experience with a Medical/clinical-related qualification.	**5**
More than three years of relevant experience with a	**7**

	Medical/Clinical related qualification.			
11.2.3	**CORE COMPONENTS/FUNCTIONALITY OF THE PROPOSED SOLUTION.**			**40**
	Bidders must specify whether their proposed solution includes the following key components and specify the section of the proposal that addresses each requirement.			

Scoring Matrix	**Points**		**Please specify the section of the proposal that addresses this requirement.**
Solution Key Components	**No**	**Yes**	
The proposed solution is cloud-based	0	4	
Clinical Rules Engine module	0	3	
General Pre-Authorisation module	0	3	
Hospital Benefit Management	0	3	
Case Management	0	3	
Pharmacy Benefit Management	0	3	
Automated claims Assessment/processing of Future Medical Expenses	0	3	
Automated claims Assessment/processing of Past Medical Expenses.	0	3	
Management of different medical disciplines (specialties) and Networks.	0	3	
Automated Medical Bill Review. (Automatic processing of invoices against pre-authorisation, tariff price files and clinical rules)	0	3	
Integration with service providers for electronic claims submissions	0	3	
Capability to integrate with RAF's Claims system and Third-party systems	0	3	
EMS data management.	0	3	

Bidders who score a minimum threshold of **65 out of 100 points** on Phase 3- Part A – Functional evaluation will be considered for further evaluation in Phase 3-part B (Solution Demonstration).

11.3. PART B: SOLUTION DEMONSTRATION AND EVALUATION - PHASE 3

Bidders who meet the minimum threshold will be invited to a demonstration of the solution to confirm the points received. After the demonstration in this stage, bidders must achieve a minimum score of 70 out of 100 points to proceed to the next evaluation stage (Phase 4 Price and Specific Goals). Bidders who do not meet a minimum score of 70 out of 100 points will not be eligible to proceed further with the evaluation and will be disqualified.

In this demonstration phase, bidders will be required to present/conduct a live demonstration of the proposed solution. Bidders will be given a maximum of ten (10) business days' notice to prepare for this demonstration. **Although OEMs can support bidders during the demonstrations, bidders are expected to lead the demonstration sessions for the RAF to gauge the proficiency of bidders' solutions**.

11.3.1. CLOUD-BASED INTEGRATED MEDICAL MANAGEMENT SOLUTION DEMO

Patient Scenario: Ms. **X** sustained a serious injury in a car accident and requires urgent medical attention and ongoing care.

Technical/Functional Criteria	Feature to be demonstrated	Max Score	Comment
5-10 Minutes	**EMS Data Management and Provider Profiling [1]**		
EMS Data Management	Demonstrate how EMS data is captured using a pre-authorisation model or electronic templates. These templates should include accident-related information for injured patients and be integrated seamlessly into the solution for reporting and management purposes. Additionally, this data should be stored for future reporting and analysis.	**3**	
Geo-mapping of hospitals & network specialists	Illustrate functionality within the solution or as a web-based add-on that can identify suitable network specialists or network hospitals using geo-mapping functionality based on location.	**3**	
20 Minutes	**Hospital Benefit and In-Hospital Case Management [2]**		
Hospital Pre-Authorisation	Demonstrate how hospital pre-authorisation is captured for both public and private hospitals. Show how the solution verifies eligibility using a uniquely identifiable number for an existing claimant (e.g., RAF claimant number). In cases where the claimant does not have an existing number, the system should allow the user to create an interim, unique, and identifiable number based on the injured party's information, enabling the creation of an interim pre-authorisation before RAF liability has been established. Additionally, illustrate how the system establishes clinical pathways by linking ICD-10 (International Classification of Diseases) coding, procedure codes (RPL and CCSA), and other relevant coding systems (such as UPFS/). This should also include the standard predictable length of stay for patients.	**3**	
	Please show how communication is automatically sent to claimants and service providers.	**3**	
In Hospital Case Management	Demonstrate how the solution captures hospital-related information and manages the level of care, length of stay, authorisation of treatment, procedures, and internal prosthesis.	**3**	

Discharge Planning by Hospital Case Manager	Demonstrate how the solution captures discharge planning notes and templates, including the authorisation of assisted devices and transfer to a sub-acute or rehabilitation facility.	**3**	
20 Minutes	**Case Management (Field – Out of hospital) [3]**		
Case Management	Demonstrate the solution's capability to refer a patient to a Field Case Manager after hospital discharge for further management, utilising workflow functionalities.	**3**	
Undertaking	Show how to create a specific care plan for an injury, including exception management for outpatient treatment. Additionally, demonstrate how this injury-specific care plan can be automatically communicated to claimants, lawyers, or service providers.	**3**	
Field Case Management	Demonstrate how information is captured during Field Case Management visits to claimants for tracking progress.	**3**	
	Show how a centralised dashboard for managing patient cases can be presented. Highlight the ability to track patient progress, manage appointments, and communicate with healthcare providers and claimants.	**3**	
Caregiver management	Show the solution's ability to manage caregivers, including authorising specific caregivers for each claimant, timesheet submissions & uploads, and monthly payments for caregivers.	**3**	
10 minutes	**Pharmacy Benefit Management [4]**		
Pharmacy Benefit Management	Illustrate how the solution integrates with pharmacy databases to manage medications and consumables based on authorisation for a specific basket of care related to injuries. Additionally, demonstrate the ability to check for formulary compliance and to identify cost-effective alternatives	**3**	
5 Minutes	**Serious Injury Assessment [5]**		
Assessment of Serious Injuries	Show how the solution can assess Serious Injuries using a specific list of ICD-10 codes for serious injuries.	**3**	
10 Minutes	**Management of different medical disciplines (specialties) & Networks [6]**		
Management of Medical Specialties and Networks	Show how the solution keeps a database of various medical disciplines, including their contact details and addresses. Illustrate the capability to search for and identify the appropriate specialist. Demonstrate how provider networks can be managed with diverse pricing agreements.	**4**	
	Demonstrate how the solution can support the medical advisory process, including the utilisation of medical advisory templates as provided by RAF. Additionally, demonstrate how a consultant can submit motivations and other relevant documents to the Medical Advisory Unit through a defined workflow process.	**4**	
10 minutes	**Medical Advisory Process [7]**		
Medical Advisory Process	Demonstrate how the solution aids the medical advisory process, including medical advisory templates as provided by RAF, and that the consultant can submit motivations and other relevant documents to the Medical Advisory Unit through a workflow process.	**3**	
15 Minutes	**Medical Bill Review and automated claims processing [8]**		
Medical Bill Review	Show how the solution streamlines and automatically assesses medical invoices, ensuring accuracy, pricing, and compliance with billing guidelines. Illustrate its capability to identify and flag potential errors or discrepancies and provide detailed rejection reasons.	**4**	
5 minutes	**Communication [9]**		
Communication	Show how different communication methods with claimants, lawyers, and service providers can be conducted, using both manual and automated functionalities.	**3**	
	Show the potential of a service provider/claimant portal to monitor their	**3**	

	authorisations, commitments, invoices, payments, and remittance advice.		
15 Minutes	**Reporting, Analytics and Clinical Fraud Detection [10]**		
Clinical fraud detection and management supported by guidelines	Demonstrate how the solution utilises clinical guidelines and data analysis to identify potential fraud cases. Show how it flags and reports suspicious activities through reporting.	**5**	
Reporting	Demonstrate the ability to generate customised reports on key performance indicators (KPIs). Emphasize the capability to visualise data using charts and graphs. Provide examples of reports related to cost containment, quality of care, and fraud detection. Show how to profile service providers based on the cost-effectiveness of the treatments they offer. Illustrate how medical expenses can be categorised and reported by type and individual claimants, highlighting the savings achieved through clinical interventions. Demonstrate how to identify and profile high-risk, high-cost claimants.	**5**	
Total		**70**	

Additional Criteria

Non-Functional Criteria	Feature to be demonstrated	Max Score	Comments
5-10 Minutes	**Security and Privacy [1]**		
Compliance with POPIA	Demonstrate compliance with POPIA regulations by showcasing access control and role-based permissions, ensuring sensitive data protection.	**3**	
Encryption, Obfuscation, and Tokenisation	Provide examples of data encryption both in transit and at rest. Also, explain how obfuscation and tokenisation protect sensitive patient data during storage and processing.	**2**	
5 Minutes	**Audit Trail: Accountability and Transparency [2]**		
Demonstrate the Audit Trail Functionality	Demonstrate how the solution tracks and logs all user actions, including data access, modifications, and deletions. Illustrate how the audit trail can generate reports and describe the security measures in place for those reports.	**4**	
5 Minutes	**Data Protection, Backup, and Recovery - Resilience and Business Continuity [3]**		
Showcase Backup and Recovery Procedures	Show how the solution conducts regular backups and quickly restores data in case of system failure or data loss.	**2**	
Highlight Disaster Recovery Capabilities	Explain how the system guarantees business continuity in the event of a disaster.	**2**	
5 Minutes	**Infrastructure and Hosting Requirements- Reliability and Scalability: [4]**		
Explain Hosting Options	Showcase the available hosting options, including cloud-based and multi-cloud solutions where applicable.	**3**	
Demonstrate Scalability	Showcase / Explain how the solution can scale to accommodate increasing data volumes and user loads, which is particularly important for large healthcare providers or national initiatives. Demonstrate how the system can adjust its capacity during times of peak or low usage.	**2**	

10 Minutes	**Interoperability and Extensibility - Seamless Integration [5]**		
Demonstrate Interoperability with Other Systems	Demonstrate how the solution can be integrated with various healthcare systems. Illustrate compliance with relevant interoperability standards, such as HL7.	**2**	
Show Extensibility and API Capabilities	Showcase the API and explain how the system can be customised and extended to meet specific requirements. Illustrate how third-party applications can be integrated.	**2**	
5 Minutes	**Usability and User Experience - User Adoption [6]**		
Showcase the User-Friendly Interface	Showcase the system's intuitive design and user-friendly nature, highlighting its ability to be customised to meet the specific needs of various user roles. Additionally, illustrate how the system can be accessed on mobile devices, acknowledging the high prevalence of mobile device usage in South Africa.	**3**	
Accessibility	If possible, show how the system can accommodate people with disabilities.	**1**	
5 Minutes	**Performance - Efficiency and Responsiveness [7]**		
Demonstrate System Performance	Illustrate how the solution responds quickly and efficiently to user requests, even under heavy load. Highlight the solution's ability to handle large volumes of data and transactions. Show the speed of data retrieval.	**4**	
Total		**30**	

11.4. PRICE AND SPECIFIC GOALS

The evaluation for Price and Specific Goals will be based on the 80/20 or 90/10 PPPFA principle (whichever is applicable), and the points for evaluation criteria are as follows:

<table>
<tr><th colspan="2">Evaluation Criteria</th><th>Points</th></tr>
<tr><td>1.</td><td>Price</td><td>80/90</td></tr>
<tr><td>2.</td><td>Specific Goals
<table>
<tr><th>#</th><th>Specific Goal</th><th>Proof</th><th>Points Allocation</th></tr>
<tr><td>1</td><td>South African citizen who had no franchise in national elections prior to the introduction of the Constitution of the Republic of South Africa, 1983 (Act 200 of 1983) or the Constitution of the Republic of South Africa, 1996. (Minimum 51% ownership or more)</td><td>CSD Report</td><td>10/5</td></tr>
<tr><td>2</td><td>Women
(Minimum 51% ownership or more)</td><td>ID copy / CSD report</td><td>8/4</td></tr>
<tr><td>3</td><td>Persons with disabilities
(Minimum 51% ownership or more)</td><td>Valid medical certificate issued by an accredited medical practitioner</td><td>2/1</td></tr>
</table></td><td>20/10</td></tr>
</table>

Total	**100**

11.5. PRICING SCHEDULE

This annexure should be completed and signed by the Bidder's authorised personnel.

NOTES:

PLEASE PROVIDE A CLEAR-COST BREAKDOWN

THE BIDDERS MUST ENSURE THAT THEIR PRICING FOR YEAR 2 UP TO YEAR 5 INCLUDE ANNUAL ESCALATIONS.

All prices must be VAT inclusive and quoted in South African Rand (ZAR). The pricing will be added to determine the total cost of the services for comparison purposes to award the bid.

Please indicate your total bid price here …… **(Compulsory)**

Important: It is mandatory to indicate your total bid price as requested above. This price must be the same as the total bid price you submit in your pricing schedule. Should the total bid prices differ, the one indicated above will be considered the correct price.

FIXED PRICING

Deliverables	**Price Year 1** (Vat. Included)	**Price Year 2** (Vat. Included)	**Price Year 3** (Vat. Included)	**Price Year 4** (Vat. Included)	**Price Year 5** (Vat. Included)	**Total Price** (Vat. Included)
Licenses	**R**	**R**	**R**	**R**	**R**	**R**
Project Management	[redacted]					**R**
Needs Analysis						**R**
Planning and Solution Design						**R**
Release 1 - Configure, Build, Test and Deploy						**R**
Release 2 - Configure, Build, Test and Deploy						**R**
Release 3 - Configure, Build, Test and Deploy						**R**
Training and Knowledge Transfer for 25 employees						**R**
Change Management						**R**
Hypercare & Initial Support						**R**

Maintenance and Support (5 years)	**R**	**R**	**R**	**R**	**R**	**R**
Total	**R**	**R**	**R**	**R**	**R**	**R**

Bidder's Name: .....

Signature: .....

Date: .....

ANNEXURE B - CURRICULUM VITAE TEMPLATE FOR PROJECT TEAM MEMBERS

1. PERSONAL DETAILS

Full Name & Surname	
Citizenship	
Date of Birth	
Project Role	
Professional Summary	

2. EDUCATION

Date Obtained	Tertiary Institution Name	Qualifications (Degrees/Diplomas)
DD/MM/CCYY		
DD/MM/CCYY		
DD/MM/CCYY		

3. PROFESSIONAL CERTIFICATIONS

Date Obtained	Institution Name	Certification Name & Description
DD/MM/CCYY		
DD/MM/CCYY		
DD/MM/CCYY		

4. RELEVANT WORK EXPERIENCE TO THE ROLE

Period (Start to End Date)	Organisation	Project Name/(s)	Role Name & Description
(DD/MM/CCYY) TO (DD/MM/CCYY)			
(DD/MM/CCYY) TO (DD/MM/CCYY)			
(DD/MM/CCYY) TO (DD/MM/CCYY)			
(DD/MM/CCYY) TO (DD/MM/CCYY)			

NATIONAL TREASURY

Republic of South Africa

GOVERNMENT PROCUREMENT:

GENERAL CONDITIONS OF

CONTRACT

July 2010

NOTES

The purpose of this document is to:

(i) Draw special attention to certain general conditions applicable to government bids, contracts and orders; and

(ii) To ensure that clients be familiar with regard to the rights and obligations of all parties involved in doing business with government.

In this document words in the singular also mean in the plural and vice versa and words in the masculine also mean in the feminine and neuter.

- The General Conditions of Contract will form part of all bid documents and may not be amended.
- Special Conditions of Contract (SCC) relevant to a specific bid, should be compiled separately for every bid (if (applicable) and will supplement the General Conditions of Contract. Whenever there is a conflict, the provisions in the SCC shall prevail.

TABLE OF CLAUSES

General Conditions of Contract

1. Definitions

1. The following terms shall be interpreted as indicated:

1.1 “Closing time” means the date and hour specified in the bidding documents for the receipt of bids.

1.2 “Contract” means the written agreement entered into between the purchaser and the supplier, as recorded in the contract form signed by the parties, including all attachments and appendices thereto and all documents incorporated by reference therein.

1.3 “Contract price” means the price payable to the supplier under the contract for the full and proper performance of his contractual obligations.

1.4 “Corrupt practice” means the offering, giving, receiving, or soliciting of anything of value to influence the action of a public official in the procurement process or in contract execution.

1.5 "Countervailing duties" are imposed in cases where an enterprise abroad is subsidized by its government and encouraged to market its products internationally.

1.6 “Country of origin” means the place where the goods were mined, grown or produced or from which the services are supplied. Goods are produced when, through manufacturing, processing or substantial and major assembly of components, a commercially recognized new product results that is substantially different in basic characteristics or in purpose or utility from its components.

1.7 “Day” means calendar day.

1.8 “Delivery” means delivery in compliance of the conditions of the contract or order.

1.9 “Delivery ex stock” means immediate delivery directly from stock actually on hand.

1.10 “Delivery into consignees store or to his site” means delivered and unloaded in the specified store or depot or on the specified site in compliance with the conditions of the contract or order, the supplier bearing all risks and charges involved until the supplies are so delivered and a valid receipt is obtained.

1.11 "Dumping" occurs when a private enterprise abroad market its goods on own initiative in the RSA at lower prices than that of the country of origin and which have the potential to harm the local industries in the

RSA.

1.12 ”Force majeure” means an event beyond the control of the supplier and not involving the supplier’s fault or negligence and not foreseeable. Such events may include, but is not restricted to, acts of the purchaser in its sovereign capacity, wars or revolutions, fires, floods, epidemics, quarantine restrictions and freight embargoes.

1.13 “Fraudulent practice” means a misrepresentation of facts in order to influence a procurement process or the execution of a contract to the detriment of any bidder and includes collusive practice among bidders (prior to or after bid submission) designed to establish bid prices at artificial non-competitive levels and to deprive the bidder of the benefits of free and open competition.

1.14 “GCC” means the General Conditions of Contract.

1.15 “Goods” means all of the equipment, machinery, and/or other materials that the supplier is required to supply to the purchaser under the contract.

1.16 “Imported content” means that portion of the bidding price represented by the cost of components, parts or materials which have been or are still to be imported (whether by the supplier or his subcontractors) and which costs are inclusive of the costs abroad, plus freight and other direct importation costs such as landing costs, dock dues, import duty, sales duty or other similar tax or duty at the South African place of entry as well as transportation and handling charges to the factory in the Republic where the supplies covered by the bid will be manufactured.

1.17 “Local content” means that portion of the bidding price which is not included in the imported content provided that local manufacture does take place.

1.18 “Manufacture” means the production of products in a factory using labour, materials, components and machinery and includes other related value-adding activities.

1.19 “Order” means an official written order issued for the supply of goods or works or the rendering of a service.

1.20 “Project site,” where applicable, means the place indicated in bidding documents.

1.21 “Purchaser” means the organization purchasing the goods.

1.22 “Republic” means the Republic of South Africa.

1.23 “SCC” means the Special Conditions of Contract.

1.24 “Services” means those functional services ancillary to the supply of the goods, such as transportation and any other incidental services, such as installation, commissioning, provision of technical assistance, training, catering, gardening, security, maintenance and other such

obligations of the supplier covered under the contract.

1.25 "Written" or "in writing" means handwritten in ink or any form of electronic or mechanical writing.

2. Application

2.1 These general conditions are applicable to all bids, contracts and orders including bids for functional and professional services, sales, hiring, letting and the granting or acquiring of rights, but excluding immovable property, unless otherwise indicated in the bidding documents.

2.2 Where applicable, special conditions of contract are also laid down to cover specific supplies, services or works.

2.3 Where such special conditions of contract are in conflict with these general conditions, the special conditions shall apply.

3. General

3.1 Unless otherwise indicated in the bidding documents, the purchaser shall not be liable for any expense incurred in the preparation and submission of a bid. Where applicable a non-refundable fee for documents may be charged.

3.2 With certain exceptions, invitations to bid are only published in the Government Tender Bulletin. The Government Tender Bulletin may be obtained directly from the Government Printer, Private Bag X85, Pretoria 0001, or accessed electronically from www.treasury.gov.za

4. Standards

4.1 The goods supplied shall conform to the standards mentioned in the bidding documents and specifications.

5. Use of contract documents and information; inspection.

5.1 The supplier shall not, without the purchaser's prior written consent, disclose the contract, or any provision thereof, or any specification, plan, drawing, pattern, sample, or information furnished by or on behalf of the purchaser in connection therewith, to any person other than a person employed by the supplier in the performance of the contract. Disclosure to any such employed person shall be made in confidence and shall extend only so far as may be necessary for purposes of such performance.

5.2 The supplier shall not, without the purchaser's prior written consent, make use of any document or information mentioned in GCC clause 5.1 except for purposes of performing the contract.

5.3 Any document, other than the contract itself mentioned in GCC clause 5.1 shall remain the property of the purchaser and shall be returned (all copies) to the purchaser on completion of the supplier's performance under the contract if so required by the purchaser.

5.4 The supplier shall permit the purchaser to inspect the supplier's records relating to the performance of the supplier and to have them audited by auditors appointed by the purchaser, if so required by the purchaser.

6. Patent rights

6.1 The supplier shall indemnify the purchaser against all third-party claims of infringement of patent, trademark, or industrial design rights arising from use of the goods or any part thereof by the purchaser.

7. Performance security

7.1 Within thirty (30) days of receipt of the notification of contract award, the successful bidder shall furnish to the purchaser the performance security of the amount specified in SCC.

7.2 The proceeds of the performance security shall be payable to the purchaser as compensation for any loss resulting from the supplier's failure to complete his obligations under the contract.

7.3 The performance security shall be denominated in the currency of the contract, or in a freely convertible currency acceptable to the purchaser and shall be in one of the following forms:

(a) a bank guarantee or an irrevocable letter of credit issued by a reputable bank located in the purchaser's country or abroad, acceptable to the purchaser, in the form provided in the bidding documents or another form acceptable to the purchaser; or
(b) a cashier's or certified cheque

7.4 The performance security will be discharged by the purchaser and returned to the supplier not later than thirty (30) days following the date of completion of the supplier's performance obligations under the contract, including any warranty obligations, unless otherwise specified in SCC.

8. Inspections, tests and analyses

8.1 All pre-bidding testing will be for the account of the bidder.

8.2 If it is a bid condition that supplies to be produced or services to be rendered should at any stage during production or execution or on completion be subject to inspection, the premises of the bidder or contractor shall be open, at all reasonable hours, for inspection by a representative of the Department or an organization acting on behalf of the Department.

8.3 If there are no inspection requirements indicated in the bidding documents and no mention is made in the contract, but during the contract period it is decided that inspections shall be carried out, the purchaser shall itself make the necessary arrangements, including payment arrangements with the testing authority concerned.

8.4 If the inspections, tests and analyses referred to in clauses 8.2 and 8.3 show the supplies to be in accordance with the contract requirements, the cost of the inspections, tests and analyses shall be defrayed by the purchaser.

8.5 Where the supplies or services referred to in clauses 8.2 and 8.3 do not comply with the contract requirements, irrespective of whether such supplies or services are accepted or not, the cost in connection with these inspections, tests or analyses shall be defrayed by the supplier.

8.6 Supplies and services which are referred to in clauses 8.2 and 8.3 and which do not comply with the contract requirements may be rejected.

8.7 Any contract supplies may on or after delivery be inspected, tested or

analyzed and may be rejected if found not to comply with the requirements of the contract. Such rejected supplies shall be held at the cost and risk of the supplier who shall, when called upon, remove them immediately at his own cost and forthwith substitute them with supplies which do comply with the requirements of the contract. Failing such removal the rejected supplies shall be returned at the suppliers cost and risk. Should the supplier fail to provide the substitute supplies forthwith, the purchaser may, without giving the supplier further opportunity to substitute the rejected supplies, purchase such supplies as may be necessary at the expense of the supplier.

8.8 The provisions of clauses 8.4 to 8.7 shall not prejudice the right of the purchaser to cancel the contract on account of a breach of the conditions thereof, or to act in terms of Clause 23 of GCC.

9. Packing

9.1 The supplier shall provide such packing of the goods as is required to prevent their damage or deterioration during transit to their final destination, as indicated in the contract. The packing shall be sufficient to withstand, without limitation, rough handling during transit and exposure to extreme temperatures, salt and precipitation during transit, and open storage. Packing, case size and weights shall take into consideration, where appropriate, the remoteness of the goods' final destination and the absence of heavy handling facilities at all points in transit.

9.2 The packing, marking, and documentation within and outside the packages shall comply strictly with such special requirements as shall be expressly provided for in the contract, including additional requirements, if any, specified in SCC, and in any subsequent instructions ordered by the purchaser.

10. Delivery and documents

10.1 Delivery of the goods shall be made by the supplier in accordance with the terms specified in the contract. The details of shipping and/or other documents to be furnished by the supplier are specified in SCC.

10.2 Documents to be submitted by the supplier are specified in SCC.

11. Insurance

11.1 The goods supplied under the contract shall be fully insured in a freely convertible currency against loss or damage incidental to manufacture or acquisition, transportation, storage and delivery in the manner specified in the SCC.

12. Transportation

12.1 Should a price other than an all-inclusive delivered price be required, this shall be specified in the SCC.

13. Incidental services

13.1 The supplier may be required to provide any or all of the following services, including additional services, if any, specified in SCC:

(a) performance or supervision of on-site assembly and/or commissioning of the supplied goods;
(b) furnishing of tools required for assembly and/or maintenance of the supplied goods;
(c) furnishing of a detailed operations and maintenance manual for each appropriate unit of the supplied goods;

(d) performance or supervision or maintenance and/or repair of the supplied goods, for a period of time agreed by the parties, provided that this service shall not relieve the supplier of any warranty obligations under this contract; and

(e) training of the purchaser's personnel, at the supplier's plant and/or on-site, in assembly, start-up, operation, maintenance, and/or repair of the supplied goods.

13.2 Prices charged by the supplier for incidental services, if not included in the contract price for the goods, shall be agreed upon in advance by the parties and shall not exceed the prevailing rates charged to other parties by the supplier for similar services.

14. Spare parts

14.1 As specified in SCC, the supplier may be required to provide any or all of the following materials, notifications, and information pertaining to spare parts manufactured or distributed by the supplier:

(a) such spare parts as the purchaser may elect to purchase from the supplier, provided that this election shall not relieve the supplier of any warranty obligations under the contract; and

(b) in the event of termination of production of the spare parts:

(i) Advance notification to the purchaser of the pending termination, in sufficient time to permit the purchaser to procure needed requirements; and

(ii) following such termination, furnishing at no cost to the purchaser, the blueprints, drawings, and specifications of the spare parts, if requested.

15. Warranty

15.1 The supplier warrants that the goods supplied under the contract are new, unused, of the most recent or current models, and that they incorporate all recent improvements in design and materials unless provided otherwise in the contract. The supplier further warrants that all goods supplied under this contract shall have no defect, arising from design, materials, or workmanship (except when the design and/or material is required by the purchaser's specifications) or from any act or omission of the supplier, that may develop under normal use of the supplied goods in the conditions prevailing in the country of final destination.

15.2 This warranty shall remain valid for twelve (12) months after the goods, or any portion thereof as the case may be, have been delivered to and accepted at the final destination indicated in the contract, or for eighteen (18) months after the date of shipment from the port or place of loading in the source country, whichever period concludes earlier, unless specified otherwise in SCC.

15.3 The purchaser shall promptly notify the supplier in writing of any claims arising under this warranty.

15.4 Upon receipt of such notice, the supplier shall, within the period specified in SCC and with all reasonable speed, repair or replace the defective goods or parts thereof, without costs to the purchaser.

15.5 If the supplier, having been notified, fails to remedy the defect(s) within the period specified in SCC, the purchaser may proceed to take

such remedial action as may be necessary, at the supplier's risk and expense and without prejudice to any other rights which the purchaser may have against the supplier under the contract.

16. Payment

16.1 The method and conditions of payment to be made to the supplier under this contract shall be specified in SCC.

16.2 The supplier shall furnish the purchaser with an invoice accompanied by a copy of the delivery note and upon fulfillment of other obligations stipulated in the contract.

16.3 Payments shall be made promptly by the purchaser, but in no case later than thirty (30) days after submission of an invoice or claim by the supplier.

16.4 Payment will be made in Rand unless otherwise stipulated in SCC.

17. Prices

17.1 Prices charged by the supplier for goods delivered and services performed under the contract shall not vary from the prices quoted by the supplier in his bid, with the exception of any price adjustments authorized in SCC or in the purchaser's request for bid validity extension, as the case may be.

18. Contract amendments

18.1 No variation in or modification of the terms of the contract shall be made except by written amendment signed by the parties concerned.

19. Assignment

19.1 The supplier shall not assign, in whole or in part, its obligations to perform under the contract, except with the purchaser's prior written consent.

20. Subcontracts

20.1 The supplier shall notify the purchaser in writing of all subcontracts awarded under this contracts if not already specified in the bid. Such notification, in the original bid or later, shall not relieve the supplier from any liability or obligation under the contract.

21. Delays in the supplier's performance

21.1 Delivery of the goods and performance of services shall be made by the supplier in accordance with the time schedule prescribed by the purchaser in the contract.

21.2 If at any time during performance of the contract, the supplier or its subcontractor(s) should encounter conditions impeding timely delivery of the goods and performance of services, the supplier shall promptly notify the purchaser in writing of the fact of the delay, its likely duration and its cause(s). As soon as practicable after receipt of the supplier's notice, the purchaser shall evaluate the situation and may at his discretion extend the supplier's time for performance, with or without the imposition of penalties, in which case the extension shall be ratified by the parties by amendment of contract.

21.3 No provision in a contract shall be deemed to prohibit the obtaining of supplies or services from a national department, provincial department, or a local authority.

21.4 The right is reserved to procure outside of the contract small quantities or to have minor essential services executed if an emergency arises, the

supplier's point of supply is not situated at or near the place where the supplies are required, or the supplier's services are not readily available.

21.5 Except as provided under GCC Clause 25, a delay by the supplier in the performance of its delivery obligations shall render the supplier liable to the imposition of penalties, pursuant to GCC Clause 22, unless an extension of time is agreed upon pursuant to GCC Clause 21.2 without the application of penalties.

21.6 Upon any delay beyond the delivery period in the case of a supplies contract, the purchaser shall, without canceling the contract, be entitled to purchase supplies of a similar quality and up to the same quantity in substitution of the goods not supplied in conformity with the contract and to return any goods delivered later at the supplier's expense and risk, or to cancel the contract and buy such goods as may be required to complete the contract and without prejudice to his other rights, be entitled to claim damages from the supplier.

22. Penalties

22.1 Subject to GCC Clause 25, if the supplier fails to deliver any or all of the goods or to perform the services within the period(s) specified in the contract, the purchaser shall, without prejudice to its other remedies under the contract, deduct from the contract price, as a penalty, a sum calculated on the delivered price of the delayed goods or unperformed services using the current prime interest rate calculated for each day of the delay until actual delivery or performance. The purchaser may also consider termination of the contract pursuant to GCC Clause 23.

23. Termination for default

23.1 The purchaser, without prejudice to any other remedy for breach of contract, by written notice of default sent to the supplier, may terminate this contract in whole or in part:

(a) if the supplier fails to deliver any or all of the goods within the period(s) specified in the contract, or within any extension thereof granted by the purchaser pursuant to GCC Clause 21.2;

(b) if the Supplier fails to perform any other obligation(s) under the contract; or

(c) if the supplier, in the judgment of the purchaser, has engaged in corrupt or fraudulent practices in competing for or in executing the contract.

23.2 In the event the purchaser terminates the contract in whole or in part, the purchaser may procure, upon such terms and in such manner as it deems appropriate, goods, works or services similar to those undelivered, and the supplier shall be liable to the purchaser for any excess costs for such similar goods, works or services. However, the supplier shall continue performance of the contract to the extent not terminated.

23.3 Where the purchaser terminates the contract in whole or in part, the purchaser may decide to impose a restriction penalty on the supplier by prohibiting such supplier from doing business with the public sector for a period not exceeding 10 years.

23.4 If a purchaser intends imposing a restriction on a supplier or any

person associated with the supplier, the supplier will be allowed a time period of not more than fourteen (14) days to provide reasons why the envisaged restriction should not be imposed. Should the supplier fail to respond within the stipulated fourteen (14) days the purchaser may regard the intended penalty as not objected against and may impose it on the supplier.

23.5 Any restriction imposed on any person by the Accounting Officer / Authority will, at the discretion of the Accounting Officer / Authority, also be applicable to any other enterprise or any partner, manager, director or other person who wholly or partly exercises or exercised or may exercise control over the enterprise of the first-mentioned person, and with which enterprise or person the first-mentioned person, is or was in the opinion of the Accounting Officer / Authority actively associated.

23.6 If a restriction is imposed, the purchaser must, within five (5) working days of such imposition, furnish the National Treasury, with the following information:

(i) the name and address of the supplier and / or person restricted by the purchaser;
(ii) the date of commencement of the restriction
(iii) the period of restriction; and
(iv) the reasons for the restriction.

These details will be loaded in the National Treasury's central database of suppliers or persons prohibited from doing business with the public sector.

23.7 If a court of law convicts a person of an offence as contemplated in sections 12 or 13 of the Prevention and Combating of Corrupt Activities Act, No. 12 of 2004, the court may also rule that such person's name be endorsed on the Register for Tender Defaulters. When a person's name has been endorsed on the Register, the person will be prohibited from doing business with the public sector for a period not less than five years and not more than 10 years. The National Treasury is empowered to determine the period of restriction and each case will be dealt with on its own merits. According to section 32 of the Act the Register must be open to the public. The Register can be perused on the National Treasury website.

24. Anti-dumping and countervailing duties and rights

24.1 When, after the date of bid, provisional payments are required, or anti-dumping or countervailing duties are imposed, or the amount of a provisional payment or anti-dumping or countervailing right is increased in respect of any dumped or subsidized import, the State is not liable for any amount so required or imposed, or for the amount of any such increase. When, after the said date, such a provisional payment is no longer required or any such anti-dumping or countervailing right is abolished, or where the amount of such provisional payment or any such right is reduced, any such favourable difference shall on demand be paid forthwith by the contractor to the State or the State may deduct such amounts from moneys (if any) which may otherwise be due to the contractor in regard to supplies or services which he delivered or rendered, or is to deliver or render in terms of the contract or any other contract or any other amount which

may be due to him

25. Force Majeure

25.1 Notwithstanding the provisions of GCC Clauses 22 and 23, the supplier shall not be liable for forfeiture of its performance security, damages, or termination for default if and to the extent that his delay in performance or other failure to perform his obligations under the contract is the result of an event of force majeure.

25.2 If a force majeure situation arises, the supplier shall promptly notify the purchaser in writing of such condition and the cause thereof. Unless otherwise directed by the purchaser in writing, the supplier shall continue to perform its obligations under the contract as far as is reasonably practical, and shall seek all reasonable alternative means for performance not prevented by the force majeure event.

26. Termination for insolvency

26.1 The purchaser may at any time terminate the contract by giving written notice to the supplier if the supplier becomes bankrupt or otherwise insolvent. In this event, termination will be without compensation to the supplier, provided that such termination will not prejudice or affect any right of action or remedy which has accrued or will accrue thereafter to the purchaser.

27. Settlement of Disputes

27.1 If any dispute or difference of any kind whatsoever arises between the purchaser and the supplier in connection with or arising out of the contract, the parties shall make every effort to resolve amicably such dispute or difference by mutual consultation.

27.2 If, after thirty (30) days, the parties have failed to resolve their dispute or difference by such mutual consultation, then either the purchaser or the supplier may give notice to the other party of his intention to commence with mediation. No mediation in respect of this matter may be commenced unless such notice is given to the other party.

27.3 Should it not be possible to settle a dispute by means of mediation, it may be settled in a South African court of law.

27.4 Mediation proceedings shall be conducted in accordance with the rules of procedure specified in the SCC.

27.5 Notwithstanding any reference to mediation and/or court proceedings herein,

(a) the parties shall continue to perform their respective obligations under the contract unless they otherwise agree; and
(b) the purchaser shall pay the supplier any monies due the supplier.

28. Limitation of liability

28.1 Except in cases of criminal negligence or willful misconduct, and in the case of infringement pursuant to Clause 6;

(a) the supplier shall not be liable to the purchaser, whether in contract, tort, or otherwise, for any indirect or consequential loss or damage, loss of use, loss of production, or loss of profits or interest costs, provided that this exclusion shall not apply to any obligation of the supplier to pay penalties and/or damages to the purchaser; and

(b) the aggregate liability of the supplier to the purchaser, whether under the contract, in tort or otherwise, shall not exceed the total contract price, provided that this limitation shall not apply to the cost of repairing or replacing defective equipment.

29. Governing language

29.1 The contract shall be written in English. All correspondence and other documents pertaining to the contract that is exchanged by the parties shall also be written in English.

30. Applicable law

30.1 The contract shall be interpreted in accordance with South African laws, unless otherwise specified in SCC.

31. Notices

31.1 Every written acceptance of a bid shall be posted to the supplier concerned by registered or certified mail and any other notice to him shall be posted by ordinary mail to the address furnished in his bid or to the address notified later by him in writing and such posting shall be deemed to be proper service of such notice

31.2 The time mentioned in the contract documents for performing any act after such aforesaid notice has been given, shall be reckoned from the date of posting of such notice.

32. Taxes and duties

32.1 A foreign supplier shall be entirely responsible for all taxes, stamp duties, license fees, and other such levies imposed outside the purchaser's country.

32.2 A local supplier shall be entirely responsible for all taxes, duties, license fees, etc., incurred until delivery of the contracted goods to the purchaser.

32.3 No contract shall be concluded with any bidder whose tax matters are not in order. Prior to the award of a bid the Department must be in possession of a tax clearance certificate, submitted by the bidder. This certificate must be an original issued by the South African Revenue Services.

33. National Industrial Participation (NIP) Programme

33.1 The NIP Programme administered by the Department of Trade and Industry shall be applicable to all contracts that are subject to the NIP obligation.

34 Prohibition of Restrictive practices

34.1 In terms of section 4 (1) (b) (iii) of the Competition Act No. 89 of 1998, as amended, an agreement between, or concerted practice by, firms, or a decision by an association of firms, is prohibited if it is between parties in a horizontal relationship and if a bidder (s) is / are or a contractor(s) was / were involved in collusive bidding (or bid rigging).

34.2 If a bidder(s) or contractor(s), based on reasonable grounds or evidence obtained by the purchaser, has / have engaged in the restrictive practice referred to above, the purchaser may refer the matter to the Competition Commission for investigation and possible imposition of administrative penalties as contemplated in the Competition Act No. 89 of 1998.

34.3 If a bidder(s) or contractor(s), has / have been found guilty by the Competition Commission of the restrictive practice referred to above, the purchaser may, in addition and without prejudice to any other remedy provided for, invalidate the bid(s) for such item(s) offered, and / or terminate the contract in whole or part, and / or restrict the bidder(s) or contractor(s) from conducting business with the public sector for a period not exceeding ten (10) years and / or claim damages from the bidder(s) or contractor(s) concerned.