

REQUEST FOR PROPOSAL: NO. RFP/2021/018

FOR THE ESTABLISHMENT OF FRAME AGREEMENT(S) FOR THE PROVISION OF:

**THIRD PARTY ADMINISTRATOR SERVICES FOR
SECONDARY AND TERTIARY HEALTH CARE TO REFUGEES IN LEBANON**



Consolidated Questions and Answers
29/06/2021

#	Question	Answer
1	If a company is based outside Lebanon, can it be eligible to tender for this opportunity?	Please refer to the RFP document, point no. 2.4.1 for details.
2	If there is a budget estimation or specification of resource usage per category (man. month) that we can relate to?	Budget varies on usage; previous budget estimate was ~ 35,000,000\$ per annum – Please refer to Page.5 of Annex A - Terms of Reference (TOR)
3	<p>General</p> <p>a. Company X vendor number is XXXXXX; should we fill the vendor registration form?</p> <p>b. Contracts with Forensic Doctors; is there any specific process?</p> <p>c. Complaint Dept; is there any specific process?</p>	<p>a. Yes, if your company is not already registered with UNHCR.</p> <p>b. Please refer to page no. 25 of Annex D - Guidelines for Referral Care in Leb_SOPs June 2020</p> <p><i>“The TPA is requested to appoint a focal person who will coordinate care for all these cases in close collaboration with the UNHCR PHU. Cases will be directed to chosen contracted hospitals (or in the case of forensic investigations to contracted forensic doctors) that are known to have the capacity to provide the required services.”</i></p> <p>c. Please refer to page no. 7 of Annex A - Terms of Reference (TOR)</p> <p><i>“Establish a complaints mechanism where refugee's complaints related to TPA staff behavior and performance can be received in a confidential manner and dealt with. UNHCR should be kept informed of complaints received. Complaints about the programme itself (coverage levels etc) or hospital performance should be referred to appropriate mechanisms”</i></p>

4	<p>Administration:</p> <ul style="list-style-type: none"> a. Mail delivery of physical claims after audit will be to hospitals or UNHCR? b. How many mail deliveries per month; or it depends on the TPA closing of claims? 	<ul style="list-style-type: none"> a. After patient discharge, the provider (hospitals) will send the physical claims & bills to the TPA for processing/ audit. Following TPA audit conclusion, the TPA will send the physical claims & bills to UNHCR. b. Numbers of claims varies per month.
5	<p>Claims:</p> <ul style="list-style-type: none"> a. Workload per month per hospital? b. How many deliveries and others per month? c. How many normal vs C-section per month per hospital? d. Ceilings and threshold mentioned in USD, how will we exchange them to LBP ? @ 1500 or 3900 ? <ul style="list-style-type: none"> • EX 1: UNHCR cover 75% of costs exceeding 100 USD and 100% of costs exceeding 2900 USD (when the patient share has reached 800 USD). • EX 2: Deliveries are covered according to fixed rates, USD 150-175 for natural births and USD 225-250 for C-sections, depending on the MOPH classification of the hospital • EX 3: A ceiling is set at 15,000 USD for neonatal and burns intensive care and 10,000 for other types of care e. Is Covid considered under “Life threatening Diseases” and covered? f. Covid cases and related new billing practices such as PPE; is it covered and if yes, is it as MOPH tariff? g. TPA should have TAT system to capture time between reception of documents & issuance of Approval: We don't have such Fields on the system; in addition to how to skip the missing Documents waiting completeness 	<ul style="list-style-type: none"> a. Around 5000 referrals/ month, subject to change. b. 60% deliveries / 40% non-deliveries or 3000 deliveries / 2000 non-deliveries. c. C-section rate ~36% or around 1,000 C-sections/month. d. UNHCR set the program budget in USD, and transfer to the TPA in USD. Please refer to page no. 14 of the Annex A- Terms of Reference (TOR), “TPA should offer flexible financial transactions with hospitals and other service providers, using either USD or LL (local currency) exchangeable to maximize benefits for UNHCR and service providers. The TPA should have agreements with banks and other financial institutions to facilitate this provision.” e. COVID is covered in supplementary guidance, as a public health emergency its covered 100% by UNHCR with no patient share. f. Yes, according to MoPH tariffs. g. UNHCR expect the TPA to have required variables mentioned in the RFP documents available in their ICT infrastructure. h. Monitoring network beds capacity can inform decision making (referrals between hospitals/ need to expand network/ etc), TPA is required and accountable to timely report on providers capacity, however not liable when such capacity is reached. i. LRC referrals are provided free of charge for all residents including refugees. j. This will be studied with UNHCR team on case-by-case basis, and can be covered/paid on exceptional basis.

	<p>h. TPA has to maintain an overview on available Bed Capacity; what is the Process with Providers; Is the TPA “Liable”, if NO places found at Hospitals ? For ICU, Incubator places,..?</p> <p>i. Transportation by Red cross / Crescent Ambulance Services:</p> <ul style="list-style-type: none"> • Do you have current deal that we should continue with? • Any Process that we can follow? <p>j. Admission OUT of Network: who will pay the ER / Admission in these Providers, and what to do if patient cannot be transferred Medically?</p>	
6	<p>IT:</p> <p>k. What is RAIS?</p> <p>i. Is Appendix 7 the only required report from TPA?</p>	<p>k. RAIS Stand for “Refugee Assistance Information System”.</p> <p>i. Other reporting are required, please refer the “Monitoring and reporting” section on page no.12 of the TOR and other RFP documents for more details.</p>
7	<p>Financials:</p> <p>a- We need to know who should bear the cost of transfers to hospitals and the cost of money received from UNHCR</p> <ul style="list-style-type: none"> • Payment to providers are fresh or Dollar or LBP • Will the claims payment be “Net Amount” or with bank transfer commissions <p>b- Billing process of TPA Service Fees:</p> <ul style="list-style-type: none"> • Timing of payments • Is it USD Fresh or Dollar or LBP 	<p>-Transfer fees from UNHCR to TPA company will be paid by UNHCR (at our bank).</p> <p>- Transfer fees from TPA company to Hospitals will be paid the TPA company (at their bank).</p> <p>- Receiving banks may impose bank charges which are automatically deducted from incoming transfer, this shall be paid by the recipient. If bank of the TPA company deducts US\$10 for the incoming transfer from UNHCR, this US\$10 will be covered by the TPA company as UNHCR has already paid fees for transmitting such funds. Similar example follows when funds received by the hospital is deducted fees imposed by their bank account.</p> <p>- The bank transfer fees are not percentage of the amount but per transaction, irrespective of the amount of that transaction.</p>
8	<p>In the Technical offer submission checklist, Question 1 is whether our company is registered with UNHCR. The Vendor Registration Form was submitted since 2016, but UNHCR did not provide a Supplier ID: Please advise if we should re-submit the Form?</p>	<p>Yes.</p>

9	<p>In the Technical offer submission checklist, you are requesting a document demonstrating the ownership of Bank Account that was declared in the Vendor Registration Form: Should a letter from the management be sufficient or must it be a bank document?</p>	Bank document.
10	<p>In Annex D, Guidelines for Referral Healthcare in Lebanon (Standard Operating Procedures), Appendix 2 represents the list of contracted Hospitals and prioritizations when referring: Should we consider this as a final list of UNHCR Network of Hospitals? Or you will provide us with an updated one?</p>	<p>No, the final list will be decided by UNHCR and prospective TPA, depending on their existing hospitals network.</p> <p>TPA should show Proof of existing agreements with enough hospitals to provide about 5,000 hospital admissions per month or detailed explanation how such a network can be established within 4 - 6 weeks after assigned the contract</p>
11	<p>In Annex D, Guidelines for Referral Healthcare in Lebanon (Standard Operating Procedures), Appendix 2 represents the list of contracted Hospitals and prioritizations when referring: Can you provide us with a sorting of the Hospitals by Workload (# of Admissions/ER – Amount)? Since this is required for the distribution and appointment of Full-time field Delegates. Or providing us with at least the top 20 Admitting Hospitals?</p>	<p>Please refer to question number 10, above.</p> <p>The hospital list provided in the Annex D, is not mandatory to be followed. Prospective TPA and UNHCR might opt to select different list of hospitals, as long those hospitals will satisfy the program needs.</p> <p>The prospective TPA is expected to make available full-time health delegates per hospital with an average of 200 monthly admissions and above, or according to distribution mentioned in the TOR (section 3.3.2) for hospitals with less than 200 admissions/month.</p>
12	<p>Under Enrollment, will UNHCR provide us with the census list of the 855,172 registered refugee (POCs), segregated by Household (over 191,512HH)?</p>	This question is not clear.
13	<p>Does the note of “Establishment of Frame Agreement(s)” mean that one or more TPAs may be selected for the services’ management?</p>	Yes, at the discretion of UNHCR.
14	<p>For the company selection, it was stated that “the offer valid for 120 days from the deadline for submission, UNHCR will make its best effort to select a company within this period”. What is the requested time frame for the selected TPA to launch the Frame Agreement of the tertiary health care to refugees after the selection date?</p>	ASAP, UNHCR expect the selected company to start providing services as of 01 January 2022, with starting preparation/planning 3 months prior to this target date.

15	Please provide us with the top ten hospitals.	<p>In 2020, the top 10 hospitals are:</p> <ul style="list-style-type: none"> • Raii Hospital • Taanayel Hospital • Bekaa Hospital • Kassab Hospital • Rafic Hariri University Hospital • Tripoli Gov. Hospital • Hamed Farahat Hospital • Notre Dame De La Paix Hospital • El Kheir Hospital • Lebanese Italian Hospital <p>Its worth to mention that some of those hospitals are no longer on the network, as hospital network is dynamic and being reviewed twice a year.</p> <p>Please refer to UNHCR published Annual referral health care report for more information: https://data2.unhcr.org/fr/documents/details/86340</p> <div style="text-align: center;">  UNHCR Lebanon Annual Referral Hea </div>
16	For the Appendix 2-Annex D page 37, the latest updated list for “contracted hospitals and prioritizations when referring” is not available on the UNHCR site, can you provide us with the updated list along with the number of claims per month for each hospital?	<p>The last updated hospitals list, following June 2021 mid-year review can be found here:</p> <p>https://data2.unhcr.org/en/documents/details/87398</p> <div style="text-align: center;">  06. 2021 June - List of Hospitals -(Englis </div>
17	In the financial offer, the requested is for audited Delivery and non-delivery cases. What about the rejected cases?	Number of rejected case is insignificant and no need to include it in the financial offer.
18	For the Financial Proposal Form: please clarify what do the “Quantity / Any other discounts” stand for?	Any quantity/volume discount the bidder offers for processing the claims for a period.
19	Concerning the payment to the hospitals , is it possible for the TPA to proceed payment on claims through bank transfer once the TPA receive the payment from UNHCR? if yes, the proof of payment, as mention in the technical part, is not viable. Please advise?	If there is a bank transfer from TPA to the hospitals, the total transfer amount should have a summary of each invoice, please refer to page no.12 of the Annex A – Terms of Reference (TOR).

20	What is the fees share of the patient mentioned in Annex D page 27 for delivery cases? Do the rates USD 150-175 for NVD and USD 225-250 for C-sections include the patient fees? If no, please specify the limit of coverage for the both the hospital and the patient?	<p>Cost of care is dictated by hospital classification (T.1, T.2, T.3)</p> <p>E.g. In T.1 Hospital:</p> <ul style="list-style-type: none">- NVD is 400\$ = UNHCR Share is 225\$ / Patient Share is 175\$- CS is 700\$ = UNHCR Share is 450\$/ Patient Share is 250\$ <p>In T.2 Hospital:</p> <ul style="list-style-type: none">- NVD is 300\$ = UNHCR Share is 150\$ / Patient Share is 150\$- CS is 600\$ = UNHCR Share is 375\$/ Patient Share is 225\$ <p>Patient share are always paid in LBP, according to the official exchange rate.</p>
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