

Call for tenders' details

Title: Third Party Administrator (TPA) — Management of HIS Reimbursement Requests and Actuarial Services and Administration of Preventive Medicine

Start date: 10/04/2020

Time limit for receipt of tenders: 13/04/2022

Contracting authority: European Investment Bank (EIB)

Status: Closed

Call for tenders question list

#	Submission date	Publication date	Question subject	Question	Answer
1	24/04/2020 18:14	27/04/2020 09:16	Undertaking of Confidentiality and Non-Disclosure	Dear Sir, Madam, We have filled in the Undertaking of Confidentiality and Non-Disclosure form in order to get all the documentation related to the Call for Tenders n°1586. But can you kindly tell us how to submit it ? Shall we write directly to cs-procurement@eib.org or shall we use this Platform ? Thank you very much. Best regards	27/04/2020 Please follow instructions indicated in the Terms of Reference on page 38 "Potential Tenderers shall download from the e-Tendering platform the form Appendix 1 to the ToR – Confidentiality agreement letter, fill it in, sign it and submit it scanned to the email CS-procurement@eib.org. Upon reception of Appendix 1 to the ToR – Confidentiality agreement letter signed the EIB will provide the above files by email (with the exception of Appendices 8, 11 12 and 13, for which prior signature of the Confidentiality agreement letter is not required)."

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#	Submission date	Publication date	Question subject	Question	Answer
2	23/04/2020 15:40	27/04/2020 11:07	EIB - Third Party Administrator (TPA) — Management of HIS Reimbursement Requests and Actuarial Services and Administration of Preventive Medicine 2020/S 072-170133	Dear Sir/Madam, Could you please kindly provide clarification whether the services mentioned above apply only for Luxembourg or shall be provided also in other EU countries where EIB employees are located? Thanks you in advance for your answer.	27/04/2020 Regarding Lot 1 the services apply in the EU, and outside EU in case of emergency or with pre-approval; see also point 2.1.3 of Annex A and its Appendices (fill in the confidentiality agreement letter in order to access them if not yet requested).
3	24/04/2020 12:49	27/04/2020 11:48	Tender Lot 2 "Preventive medicine"	I have studied all the Annexes and appedindexes you have sent me through your document library. On page 22 (Terms of reference, Ref:-1586) you mention "The 4 different Full Medical Examination Programmes". However, you do not specify them. You mention Article 7.3 of the Version of 1 January 2019, but again you do not provide me with this information. You mention Annex A (page 3on CFT 1586), but I cannot find Annex A. Nor can I find Appendix 10, Appendix 5 (Lot 1 and 2) How can I tender without having complete access to the documents? Please provide me with the Information necessary to tender.	27/04/2020 a) The 4 different Full Medical Examination Programmes are described in section 2.2.1 of the Terms of References. The 4 different Full Medical Examination Programmes are the following: 1. for women under 40 years old; 2. for women over 40 years old; 3. for men under 40 years old; and 4. for men over 40 years old. More details are given in Appendix 10. b) Article 7.3 mentioned in the Terms of References is in reality article 7.2 of Appendix 5 ; c) Annex A is fully included in the document "Terms of References"; d) Appendices 5 and 10 are part of the confidential appendices we sent to your attention on 21 April by email after having received the completed and signed Appendix 1 "Undertaking of Confidentiality and Non-Disclosure".

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#	Submission date	Publication date	Question subject	Question	Answer
4	28/04/2020 09:00	28/04/2020 09:23	EIB General Terms & Conditions / Model Contract	Please can you provide the EIB's General Terms & Conditions. This is referenced as Appendix C to the Model Contract but does not seem to be included. Many thanks	28/04/2020 Thanks for having notified us about this omission. ANNEX D - General Terms & Conditions for Provision of Services has just been uploaded in the document library.

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#	Submission date	Publication date	Question subject	Question	Answer
5	28/04/2020 08:59	28/04/2020 09:50	TOR: Art.1.9.2 Subcontracting, page 18 Subcontractor's Technical and Professional Capacity	Please advise whether it is necessary to provide references for each proposed subcontractor per TOR: Art. 1.7.1, page 11.	28/04/2020 Your question is related to selection criteria and subcontracting. Point 6.4 of 'General Administrative and Submission Clauses' (GASC) mentions the following: "Documentation concerning selection criteria see point 1.7 of the `Terms of Reference` must specifically relate to the Tenderer, i.e. to the economic operator or group submitting a tender in the context of this procurement procedure. If the Tenderer relies on other entities to meet the selection criteria, a written undertaking on the part of those entities must be provided. This must confirm that the entity will place the resources necessary for the performance of the contract at the disposal of the Tenderer for the period of the contract. In case of a joint offer submitted by a group or in the case of subcontracting, the Tenderer shall provide the information and documentation listed below in point 7." In addition, point 7.2.2 of the GASC indicates (among others) the following: "the selection criteria for the technical and professional capacity will be assessed in relation to the combined capacities of the tenderer and the subcontractor(s), as a whole, depending on the extent to which the subcontractor(s) will put their

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					subcontractor(s) will put their resources at the disposal of the tenderer for the performance of the contract. Where a Tenderer is relying on the capacity of subcontractor(s) to meet the selection criteria, such entities must (i) be proposed to perform those services for which these capacities are required and (ii) submit a letter of undertaking in the tender to that effect (see, point 6.4 above)." More details about subcontracting are given in point 7.2.
6	29/04/2020 08:43	29/04/2020 09:29	Tender Lot 2: Preventive Medicine	Dear Sir, Madame 1. Having signed the confidentiality Agreement letter, could you please send me Appendix 5A (Lot 1 and 2)- staff rules sections 9 and Annex VII, Appendix 5 Lot 1 and 2 - staff rules, section 7 and 8 (future text) and Annex II, as well as Appendix 10 Lot 2 - Preventive Medicine- Four Programmes of Full Medical Examinations 2. You demand to turn in the tender electronically. On page 24 of TOR (Financial proposal) you also demand that each page should be signed by a legal Person. Does that imply that you expect us to turn in also a paper version of Annex C?	29/04/2020 Dear Sir, we have just sent out again by email the confidential appendices to your attention. All listed documents in your question were already and are still part of these documents. Concerning your second point, we confirm that offers must only be submitted electronically. The instruction you mention on page 24 of the Terms of Reference "Each page of the Pricing Form must be signed by a legal representative of the Tenderer" means that you have to print out each page of the Pricing form, sign all these pages by a legal representative of your entity and scan them for electronic submission. This is a legal requirement.

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#	Submission date	Publication date	Question subject	Question	Answer
7	30/04/2020 12:19	30/04/2020 13:46	Draft Contract	<p>We have reviewed the proposed Draft Contract and would require some amendments based on the Lot that we will bidding for in order to align to our standard positioning and to better reflect the Lot specific services. For reasons of confidentiality we are hesitant to post these on the public forum. Can you kindly confirm if we can submit a detailed exception list for your review without it being shared as part of our tender submission no later than 04/06/2020? This would outline in full details the requested change and the rationale and also would contain the only requested changes of the Provider post award.</p>	<p>30/04/2020 We kindly remind you that according to point 4.6 "Implications of submitting a tender" of the General Administrative and Submission clauses (GASC) document "(...) By submitting a tender in response to this call for tenders, the Tenderers: (...) accept all terms and conditions of the Procurement Documents, including the EIB Model Contract (...)" By consequence, no amendment of the Model Contract are accepted.</p>

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8	30/04/2020 12:18	30/04/2020 14:01	Financial proposal	Can EIB confirm that as part of the Financial proposal we can include a pricing clarification? We are happy to comply with the format of the Pricing Form, however we would like the opportunity to highlight and explain the pricing to EIB in more detail. For example, one of the aspects that we would like to explain is how we have included the costs associated to the implementation stage as there is no separate field for this under Annex C: Pricing form for Lot 2. We would ensure that this document only provides clarification, and remains unambiguous and compliant as per the specifications outlined in your Terms of Reference (i.e., pages 25-27).	30/04/2020 Your financial offer must be compliant with all provisions provided in Point 2.3 of the Terms of Reference "Financial proposal documents". It's your responsibility to add a clarification concerning the financial proposal in a separate document but we kindly remind you the following: "The financial proposal shall be completely unambiguous and will be disqualified if it contains any statements preventing an accurate and complete comparison of the offers (such as "To be discussed", "Depending on x", etc.) or referring to external circumstances (such as an already existing but separate contract). Also the submission of an incomplete financial proposal will lead to disqualification of the tender."

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#	Submission date	Publication date	Question subject	Question	Answer
9	04/05/2020 11:54	04/05/2020 12:29	EN-CFT 1586 Terms of Reference and EN-GASC September 2019 Timetable for requests for clarification	Can you please confirm the final deadline for submitting questions? In the TOR page 10 we find a deadline of 07/05/2020 23:59 CET. In the GASC page 5 it is indicated that questions can be submitted till 5 working days before the deadline for dispatching tenders.	04/05/2020 The deadline to submit the questions is 07 May 2020 23:59 CET. The statement of the GASC is the following "Requests may be submitted no later than the deadline indicated in point 1.4 in the `Terms of Reference`. Tenderers shall note that EIB is not bound to reply to requests for additional clarifications made less than 5 (five) working days before the deadline for dispatching tenders."
10	04/05/2020 11:58	04/05/2020 12:44	general	Can you please confirm if your tender process will involve next steps like additional clarifications or a finalist presentation?	04/05/2020 Presentations or interviews will not take place. The EIB may issue requests for clarifications in writing with the concerned tenderer(s) in case the information provided in the concerned offer(s) need clarifications.
11	04/05/2020 12:11	04/05/2020 12:52	EN-CFT 1586 Terms of Reference Sworn declaration	Sworn declaration: Terms of Reference - Can you provide a sample of this please?	04/05/2020 Your question is related to section 1.7.3 "Legal capacity" of the Terms of Reference. We do not have a template for such declaration.

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#	Submission date	Publication date	Question subject	Question	Answer
12	04/05/2020 12:02	04/05/2020 12:56	General Terms and Conditions Termination	Termination: clause 17 – The sentence “The Bank may at any time terminate the Contract by giving the Service Provider one month's written notice”. We suggest amendment to this section. Please confirm if this is possible?	04/05/2020 We kindly remind you that according to point 4.6 "Implications of submitting a tender" of the General Administrative and Submission clauses (GASC) document "(...) By submitting a tender in response to this call for tenders, the Tenderers: (...) accept all terms and conditions of the Procurement Documents, including the EIB Model Contract (...)" By consequence, any amendment of the General Terms and Conditions is not accepted.
13	07/05/2020 11:48	07/05/2020 12:41	Lot 1 - EN-Appendix 08 to the TOR Lot 1 - IT Requirements	Could you please confirm that on Worksheet 2. Non-functional of the "EN-Appendix 08 to the TOR Lot 1 - IT Requirements" we are not allowed to change the information provided in column G (Yes/No)? Also, that we are only expected to provide information and supporting documentation evidence when it is mentioned "Yes".	07/05/2020 Please follow carefully the instructions provided in the "INSTRUCTIONS" worksheet.

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#	Submission date	Publication date	Question subject	Question	Answer
14	07/05/2020 11:53	07/05/2020 12:42	Lot 2 - EN-Appendix 11 to the TOR Lot 2 - IT requirements for Lot 2	Could you please confirm that on worksheet 2. Non-functional of the "EN-Appendix 11 to the TOR Lot 2 - IT requirements for Lot 2" we are not allowed to change the information provided in column G (Yes/No)? Also that we are expected to provide information and supporting documentation only when it is mentioned "Yes".	07/05/2020 Please follow carefully the instructions provided in the "INSTRUCTIONS" worksheet.
15	05/05/2020 14:46	14/05/2020 14:30	Pricing	Can EIB accept more than one financial offers, both offers being unambiguous and compliant to the RFP requirements?	14/05/2020 Only one financial offer per concerned lot will be accepted. In case more than one financial offer is proposed per concerned lot, the full offer will be rejected. Please strictly follow the instructions described in the tender package.
16	05/05/2020 12:29	14/05/2020 14:31	Lots 1 and 2: Subcontractors	Please advise whether medical facilities / providers and healthcare institutions within the service provider's networks should be considered as Subcontractors for this RFP and must comply with the requirements regarding formal documentation. Many thanks.	14/05/2020 Please refer to point 7.2 of the General Administrative and Submission clauses for more information about subcontracting in general.

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#	Submission date	Publication date	Question subject	Question	Answer
17	04/05/2020 14:16	14/05/2020 14:38	General Terms and Conditions Subcontracting	Given the nature of our business and the fact that certain services are currently subcontracted and may require to be assigned within the wider group, clause 5 (page 2) Assignment & Subcontracting In the General Terms & Conditions will need to be amended or re-written. Please confirm if we can send you the amendment on the questions platform or if we can negotiate the wording of the contract at a later stage?	14/05/2020 We kindly remind you that according to point 4.6 "Implications of submitting a tender" of the General Administrative and Submission clauses (GASC) document "(...) By submitting a tender in response to this call for tenders, the Tenderers: (...) accept all terms and conditions of the Procurement Documents, including the EIB Model Contract (...)" By consequence, any amendment of the General Terms and Conditions is not accepted.
18	04/05/2020 11:59	14/05/2020 14:39	EN-CFT 1586 Terms of Reference Subcontracting	Terms of Reference page 9 (beginning) refers to: "permitted but must be clearly described in the tender". Then, point 1.9.2 Subcontracting (page 19) refers to this as a possibility in a future ("the tenderer may subcontract part...", "if the tenderer intends to subcontract...") but there is no reference of current subcontracting situations. Please confirm that they are not only allowed but also accepted by EIB if we are awarded by the RFP? Do we need to submit any kind of information related to them?	14/05/2020 Section 1.2 of the Terms of Reference on page 9 indicates the following: "Subcontracting: Permitted but must be clearly described in the tender." Section 1.9.2 of the Terms of Reference gives more details about subcontracting and refers to point 7.2 of 'General Administrative and Submission Clauses'. We do not know what you consider by "current subcontracting situations" and we kindly ask you the follow the instructions mentioned in the tender package.

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19	28/04/2020 08:54	14/05/2020 14:42	Appendix 1 to TOR Undertaking of Confidentiality and Non-Disclosure Art. 7	Is written confirmation required from EIB to share the RFP documentation with Sub-contractors the Service Provider intends to involve for the performance of certain tasks? Please advise.	14/05/2020 Appendix 1 to the TOR mentions in point 5 the following: "5. Receiving party shall treat all Information confidential and not to disclose it in part or in full to any third parties in any manner without the EIB's prior written approval and may be used solely in connection with the Competition" By consequence, if you intend to share the confidential appendices to a third party (i.e. subcontractor), the latter must complete and sign Appendix 1, send it back to the EIB who will then authorize you to share the documents with the concerned third party.
20	07/05/2020 23:38	14/05/2020 14:44	IT	can you please describe the antifraud tools you have in place now	14/05/2020 For confidentiality reasons we will not provide a reply to that question.
21	07/05/2020 23:36	14/05/2020 14:45	Price / quality ratio	can you provide the current price/quality ratio in qualitative terms and what are the gaps as per the moment to work on	14/05/2020 We acknowledge a strong degree of asymetry of information between providers and patients, as well as a tendency to minimize the distance from home or chose luxury establishments at the expense of adequacy of care.

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22	07/05/2020 23:35	14/05/2020 14:47	Lot 1 requirements	Can you please identify under B2 the number of administrative team as minimum is 10 and does it include IT expertise, Call centre etc or only people dealing with front, middle and back office at service provider	14/05/2020 No the minimum team of 10 people refers to the team in charge of reimbursements and practical implementation of the scheme, this does not include IT experts, call center people or even medical experts.
23	07/05/2020 23:32	14/05/2020 14:48	Sub-contractor	can a subcontractor have less than 5 years experience of services in Lot 1 of the main contractor has them. or does experience gathers ? Can Sub-contractor provide references related to actuary services	14/05/2020 Please refer to point 7 of 'General Administrative and Submission Clauses'.
24	07/05/2020 23:30	14/05/2020 14:49	Pricing Lot 1	can you please provide the average and mean family size and members nr in adults vs children for this exercise we do understand the participation under each family but it is useful to know	14/05/2020 On average a family contains 1 principle insured, 0.73 partner, 1.11 child

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25	07/05/2020 23:11	14/05/2020 15:09	Current Service Provider in place	can you please provide the query logs flag items from a quantitative perspective is the current service provider obliged to perform a support for 6 months also as required for new service provider had legal proceeding been filed between current service provider and you are there any open audit points or stakeholder comments aiming to improvements in the process How many cases of fraud has the current service provider encounter	14/05/2020 No legal proceedings have occurred during the current provider contract, and no fraud cases have been detected.
26	07/05/2020 23:04	14/05/2020 15:11	KPI 3	In the team of 10 people are you also counting the call center people at all times as required in methodology?	14/05/2020 No the minimum team of 10 people refers to the team in charge of reimbursements and practical implementation of the scheme, this does not include IT experts, call center people or even medical experts.
27	07/05/2020 23:02	14/05/2020 15:12	KPI 1	Does it include the days of banking transfer ? some outside europe can take longer. Has the bank clearing system need of including additional countries. How much you estimate increase of activities outside EU in the next 4-7 years	14/05/2020 No, it does not include the days of banking transfer. No significant increase of activities outside the EU is foreseen in the coming years.

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28	07/05/2020 22:53	14/05/2020 15:12	GDPR	Please confirm at what level your DPO performs dataminimisations. How many people work with the DPO in Luxembourg? How does the exchange of information outside the EU is currently managed How many breaches have you announced to CND authorities?	14/05/2020 For confidentiality reasons we will not provide a reply to that question.
29	07/05/2020 22:49	14/05/2020 15:13	Support to beneficiaries	can you please confirm that currently this service is provided - i.e. access to information about affiliation to national primary health schemes and reimbursement under these schemes, especially in case of complementary coverage of national primary health schemes (at least EU and UK).	14/05/2020 This service and expertise is expected to be available from the next provider.
30	07/05/2020 22:47	14/05/2020 15:14	Facilitate access to Medicare	Can the service provider have access to previous databases used Can you describe who has access to such data base and how is this maintained, is it a current service provider	14/05/2020 The Bank has currently a provider, the eligibility to the scheme is managed by the Bank and the information is transferred to the provider in order to implement the scheme. The data will be made available and transferred to the new provider .

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#	Submission date	Publication date	Question subject	Question	Answer
31	07/05/2020 22:45	14/05/2020 15:15	Letter of Guarantee	please can you explain more why you require no medical data required as there is possibility of fraud in these cases	14/05/2020 The minimization of data is the rule in the issuance of letter of guarantees (need-to-know basis), but more detailed information will be available once the treatment costs are invoiced, and can then be subject to internal and external audit.
32	07/05/2020 22:40	14/05/2020 15:17	TOR	Can you please confirm how the exchange is done with the below parties and The Service Provider shall: i) process reimbursement statements received from various national health insurance schemes, international/European institution schemes or complementary health care schemes; ii) obtain hospital rates (actual costs from hospitals) You have provided countries but we are keen to know how much this is a process paper oriented as you mention online but also paper exchanges.	14/05/2020 The documentation from the primary national schemes will be provided by the requester in the reimbursement claims. Hospital rates are linked to the network put in place by the provider. The process will be managed mainly electronically. A minor number of requests will be managed on paper, mainly the ones from the retired population.

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33	07/05/2020 22:24	14/05/2020 15:18	Actuaries requirements lot 1	<p>in relation to contract required for actuaries can you please confirm the number required and minimum business of each contract required. Do you mean a minimum one for each subject actuarial evaluations under IAS19 for international groups, and actuarial evaluations of health insurance schemes, and o international benchmarks about health insurance schemes in the o private sector. Second question - please provide more clarity what do you mean by international benchmark covering health insurance schemes in private sector. Can you give an example as this is very important. question 3 - IAS 19 is international accounting standards please confirm the scope as it can be quite large. we need clarity on what part of IAS paragraphs are you referring - is this the benefit calculations</p>	<p>14/05/2020 You need to have an experience, in the context of one or several missions during the last 5 years, of the following 3 types of activities: o actuarial evaluations under IAS19 for international groups, and o actuarial evaluations of health insurance schemes, and o international benchmarks about health insurance schemes in the private sector. Proficiency in IAS 19 covers evaluation and accounting rules for post-employment benefits. Benchmarks must contain statistics and trends, especially about medical inflation drivers</p>

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34	07/05/2020 22:11	14/05/2020 15:19	interfaces	can you please confirm if an automatique interface exist between PMA and EIB team, IWMe and EiB team, PPM and the EIB team, Internal team and other EIB dept, the internal and external Actuaries. If that exists can you please provide number of such interfaces and what software is used. Is the software maintained	14/05/2020 The Bank currently have no such interfaces, but we aim to develop them in a close future. This type of interface is expected from the new provider from the starting date of the services.
35	07/05/2020 22:07	14/05/2020 15:21	Actuaries	Can you please define how much of the actuarial work will be outsourced for lot 1 Is there a platform where actuaries work on and exchange the work. what software is used currently are the new 2018 calculations to be taken in consideration only and what are the changes compared to 2017.	14/05/2020 We expect the TPA to use their own tools and process the anonymous data they extract from their claim managing activity to build cost profiles and perform studies.

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36	07/05/2020 21:59	14/05/2020 15:23	Question on the workflow Lot 1	Our main question concerns what external parties (hospitals, insurance companies etc) we (the solution) are to communicate with. second question -How is this communication/interaction made/set up today and which opportunities/possibilities are there to develop that communication to a full automatisisation	14/05/2020 The provider will be expected to issue letters of guarantees in case of hospitalisation or outpatient care. The IWME will have establish an arrangement so that they reimburse the current claim manager for expenses eventually recognised as work-related. The PMA will have establish an arrangement so that the claim manager can reimburse the PMA for expenses covered by the HIS but paid by the PMA for emergency/practical reasons.
37	07/05/2020 20:02	14/05/2020 15:24	Claim details - statistics	Can you please provide more detailed break down of case types? E.g. how many outpatient and inpatient.	14/05/2020 Stable amount of claims / type of treatment: GP 3%, Specialists 17%, Pharmacy 10%, Dental care 10%, Vision care 5%, Maternity 4%, Inpatient 29%, Med.aux 4%, Laboratory and radiology 13%, Miscellaneous 5%.
38	07/05/2020 20:01	14/05/2020 15:25	Fees	What is the preferred fee structure? E.g. annual fee per member?	14/05/2020 A fee per month per family is requested.

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#	Submission date	Publication date	Question subject	Question	Answer
39	07/05/2020 20:00	14/05/2020 15:26	Coverage	Do the members have local social insurance?	14/05/2020 EIB staff are normally affiliated to HIS only; retirees are often affiliated to HIS only; we estimate that 60% or 70% of partners and children are affiliated to a national scheme, most of them in Luxembourg.
40	07/05/2020 20:00	14/05/2020 15:27	Claim statistics	Do you have claims statistics for cases/claims at public vs private medical providers?	14/05/2020 No, this information is not available.
41	07/05/2020 19:59	14/05/2020 15:27	Services required	How are reimbursement claims announced: via member, medical provider or insurer?	14/05/2020 In the case a letter of guarantee has been issued, direct payment to medical provider upon invoicing, if not the claim is made by the member.
42	07/05/2020 19:58	14/05/2020 15:28	Services required	Repatriation, evacuation: shall we include this in the tender proposal?	14/05/2020 No, this is not part of the requested services.
43	07/05/2020 19:57	14/05/2020 15:29	Member specification	Is any particular nationality group more prevalent?	14/05/2020 The nationalities of staff members roughly reflect the shares of the member states in EIB capital before Brexit (see www.eib.org).
44	07/05/2020 19:52	14/05/2020 15:29	Languages	Apart from French and English, which other languages are required/desired?	14/05/2020 Only English and French are mandatory.

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#	Submission date	Publication date	Question subject	Question	Answer
45	07/05/2020 19:51	14/05/2020 15:30	Insurance coverage	Besides HIS are the members covered by any other insurance scheme?	14/05/2020 EIB staff are normally affiliated to HIS only; retirees are often affiliated to HIS only; we estimate that 60% or 70% of partners and children are affiliated to a national scheme, most of them in Luxembourg.
46	07/05/2020 19:39	14/05/2020 15:31	Occupational Health	Must the chosen occupational health providers be registered as such, or may they be medical facilities that can provide the services, but not be occupational health registered?	14/05/2020 They must be registered.

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47	07/05/2020 18:39	14/05/2020 15:34	Request for Clarification TPA Management of HIS Reimbursement Q29-34	<p>Q29. Implantology and all types of prostheses (temporary or permanent) shall be reimbursed only in the event of treatment undergone at least 3 months after entry into service. Is this another waiting period based on start date of employment? Q30. Define pre approval for outpatients - is it eligibility approval or actual to place direct settlement with a provider, has all outpatient be approved and on a direct settlement basis? Q31. Claims can be submitted up to 24 months after the issue date and must be treated by the Service Provider if not yet submitted to the previous claim manager. Will the new provider receive past claims history to check any benefit limits so that we can check a member has not submitted the claim to the previous claims manager / administrator? Q32. To base our premium calculation on, would you be able to provide: • Claims reports – with area of treatment? • Full membership lists with location and nationality? • Is there a Claims fund provided? Or as mentioned in Q11, we will have</p>	<p>14/05/2020 Q 29 : Yes, this is correct ; Q30 - The eligibility criteria for pre-approval of outpatient care are defined in the Annex II of the EIB Staff Rules, but direct settlement for outpatient care is only foreseen when the treatment is provided in a hospital structure ; Q31 - Yes, all historical data will be transferred to the selected provider from the current one during the transition phase; Q 32 - The premiums are internally managed by the Bank, and the corresponding data is not relevant for the provider. The number of lives covered increased by 6%, 8% and 2% in 2017, 2018 and 2019; as eligibility and type of reimbursement is going to change in 2021, detailed historical data is irrelevant; the data we provide is our best estimate of the population we expect to be covered by the new scheme applicable in 2021 with different eligibility and type of reimbursement. The provider will have access to an EIB bank account; Q 33 - The number of calls is stable at 0.7 per life per year over the past 3 years. The number of mails is stable at 2.5 per life per year over the past 3 years. Letters of guarantee 879 in 2017, 1040 in 2018 and 1275 in 2019. The number of joiners can vary a lot from one year to the other but the leavers</p>

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				<p>mentioned in Q11, we will have access to a bank account to pay the claims? Q33. Can the EIB give us more information on: • Number of activities per year (emails/phone calls, guarantee of payment, Joiners and leavers...), • EIF census details including geographical spread and number of retirees if any, • Dedicated phone number and toll free requirements? • Can we issue policy documentation by email only? • Are email addresses available for all insured members and adults dependants?</p> <p>Q34. Can you waive the requirement to physically sign the documents due to the current situation, and accept a digital signature instead?</p>	<p>one year to the other but the leavers rate is 4 % per year over the last years. The population of EIF is similar to the active population of EIB, with only a few retirees. A dedicated phone number is required but a toll free number is not required. Policy documentation is managed by the EIB. E mail addresses are available for all agents, the addresses of adults dependents will have to be provided by themselves through the dedicated interface. Q34: The documents shall be signed in compliance with the instructions provided in the General Administrative and Submission Clauses (page 20).</p>

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#	Submission date	Publication date	Question subject	Question	Answer
48	07/05/2020 18:38	14/05/2020 15:36	Request for Clarification TPA Management of HIS Reimbursement Q22-28	Appendix 5 to the ToR Lot 1 & 2 – Draft sections 7 and 8.... Q22. Would you have a Table of Benefits and Booklet a member receives from the current administrator? Q23. Reimbursements in excess are charged to future reimbursements, could you be more specific on what this means? Q24. Medical expenses shall be reimbursed in EUR. For non-euro claims, reimbursements shall be calculated on the basis of the rate applicable on the day the treatment was received? Can this be changed to invoice date? Q25. Outpatient care exceeding two days: In case of an outpatient care approved in advance by the HIS medical adviser and exceeding two days, accommodation expenses will be reimbursed at the same rate as the medical expenses. Such expenses are taken into account by analogy with mission expenses. What does highlighted bit mean? Q26. The cost of in vitro fertilisation (IVF) shall be reimbursed following prior authorisation of the HIS medical	14/05/2020 Q 22 - There is no booklet available currently, the benefits are detailed in the EIB Staff Rules; Q 23 - In the case a letter of guarantee is provided to the care institution for a treatment, the provider will pay the invoice in full, and will deduct the out-of-pocket amount of the insured person on its insurance account, from the forthcoming reimbursements he/she will request. If you assume there is an expense of 100 paid directly to the hospital by the TPA but out of which only 90 must be reimbursed : next time something has to be reimbursed, 10 will be retained; Q 24 - No, the exchange rate applicable for the reimbursement will be the rate applicable on the day of treatment, and can not be changed to the invoice date. ; Q 25 - the EIB has an internal list of hotel caps for the its agents in mission, according to the location. The same caps should be applied for accommodation in link with outpatient care exceeding two days (with prior approval of the HIS medical adviser); Q 26 : five attempts per child are covered ; Q 27 : correct; Q 28 : yes, the amount of reimbursement cumulated during 2 calendar years is capped at 7,800 euros

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#	Submission date	Publication date	Question subject	Question	Answer
				<p>authorisation of the HIS medical adviser subject to the following conditions: the maximum number of authorised attempts shall be five for the conception of one child? Does this mean that you can only ever have one successful pregnancy under this benefit or you have five attempts for each child? If no successful pregnancy, you only have five attempts?</p> <p>Q.27 Eyes treatment and accessories: Costs under this heading shall be reimbursed solely where they are incurred at least three months after entry into service in the EIB Group. Does this mean three month waiting period after start of employment, not cover? Q28. The cost of dental treatment shall be reimbursed at the rate of 90 % and be subject to a global maximum reimbursement of up to EUR 7,800 per person per period of two calendar years. Two year limit for dental, is this correct?</p>	

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#	Submission date	Publication date	Question subject	Question	Answer
49	07/05/2020 18:35	14/05/2020 15:38	Request for Clarification TPA Management of HIS Reimbursement Q11-21	Q11. Access to Bank A/c, how many can have access to the Bank account mentioned for payments? Q12. Does the bank have a provider list of medical facilities they could share to make sure we have all required in our network or do we need to start working on a required listing? Q13. Annual Audit, will this be at the cost of the Bank? Q14. Reviews during the implementation stage we take will have to be undertaken by conference calls / WebEx until travel restrictions are lifted? Q15. Customer Satisfaction Survey, is there a range of scores to be achieved? Q16. Can any alternatives on invoicing be considered, Arrears to Advanced? Q17. Medical Assistance & Repat. Services, do we have to exclusively work with ISOS or can we use alternative providers? Q18. Is there a time frame to achieve all IT Requirements, Appendix 8 & 11 if you fall short on any of the items? EN-CFT 1586 – Terms of Reference Q19. Case management of serious illness or dependency: The Service Provider is required to manage ongoing cases. How would we get this information from the current	14/05/2020 Q11 - The practical details of the access to the Bank account will have to be set up with the provider during the pre-implementation phase; Q12- No, the provider is expected to provide a network of medical facilities ; Q13 - Yes, the audit costs will be covered by the Bank; Q 14- Yes, based on the national authorities guidelines; Q15: the details of the satisfaction survey scores should be set with the provider during the pre-implementation phase; Q16 No deviations from the invoicing can be accepted. The invoicing will be done in accordance with Art 4 and 5 of the model contract and the General Terms and Conditions (Annex D). ; Q 17 - Only the PMA chosen by EIB, currently Intl. SOS ; Q18 - All IT requirements should be met by the starting date of the services; Q19 - The current TPA will be under the obligation to transfer all data to the new TPA; Q20 - Claims related to treatments before 31/12/2020 will be processed by the previous provider ; Q21 - The reports should be issued on a regular basis and on the same frequency. The EIB might however request additional reports throughout the year for a specific purpose.

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#	Submission date	Publication date	Question subject	Question	Answer
				information from the current administrator? Data Protection requirements? Q20. Transfer of services: During the 3-month implementation phase the previous claim manager shall ensure continuity of services for EIB Beneficiaries. As of the end of the implementation phase the Service Provider shall start providing the services requested in Section 2.1 of Annex A as part of the transfer of services phase under the supervision of the EIB, Is this a requirement for processing claims from the previous policy year? Q21. Reporting requirements, are these reports all requested on the same frequency or just throughout the year when requested by the EIB?	

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#	Submission date	Publication date	Question subject	Question	Answer
50	07/05/2020 18:33	14/05/2020 15:42	Request for Clarification TPA Management of HIS Reimbursement requests Q1-10	<p>Q1. Start Dates – Are these transition dates negotiable and can be moved due to the current pandemic situation we are experiencing? Q2. Actuarial Services – What services / activities are specially required by the European Investment Bank that just the bullet points mentioned, is there sample reports available? Q3. Each subcontractor has to complete forms 4 and 5, does this point relate to hospital providers and Medical Evacuation / Repatriation providers we may use? Q4. New Services that maybe introduced, would there be an implementation phases for these kind of services that can be agreed upon by both parties? Q5. Do we have to agree to all SLA / KPIs or can we offer alternatives? Q6. Digital Tools – are all tools requested to be in place within the transition phase of 3 to 5 months or can these be introduced at later dates outside of the transition stage? Are English and French required at the same time? Q7. Can a tiered pricing structure be offered for LOT 1 depending on the performance of the scheme or do we</p>	<p>14/05/2020 Q1 - the contract start date is planned on 01/09/20 which is flexible by a few days but we do not intend to postpone the operational go-live planned on 01/01/2021 due to COVID-19 Q2 - see template in Appendix 7 Q3 Please refer to point 7.2 of the General Administrative and Submission clauses document; Q4 - In case new services should be implemented after the start date of the services, an implementation will be agreed by both parties; Q5 -With reference to section 2.1.1 of the Terms of Reference (page 21), point C. Service Level Agreement (SLA) and methodology for monitoring KPIs (Key performance indicators) and their delivery against the SLA and section 2.1.2.9.1 of Annex A of the Terms of Reference, the tenderer must provide a Service Level Agreement (SLA) with KPI's that are in line with the 6 KPI's and the minimum service levels described in the table on page 21 of the Annex A. In addition to these 6 KPI's, the tenderer can propose other KPI's or service levels. Some examples have been provided on page 13 and 14 of the Annex A. Q6 - All requested digital tools should be in place by the starting date of the service, and English and French are needed; Q7 -</p>

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#	Submission date	Publication date	Question subject	Question	Answer
				<p>performance of the scheme or do we have to stick to the EUROSTAT index?</p> <p>Q8. Are CV required for all people working on the scheme or can we just supply the Management Grade staff who will be overseeing the teams working on the scheme? Q9. Would the EIB be able to point out all the Primary Health schemes information they currently work with and cover details if they have this? Q10. LOG – Minimum data only be supplied, what data is allowed to be asked from the EIB's perspective?</p>	<p>English and French are needed; Q7 - We have to stick to the EUROSTAT index; Q8 - Only CVs of the staff overseeing the teams working on the scheme will be requested. However , all member of the teams will be expected to have a high school level education and to be fully and regularly trained and updated on the specificity of the scheme. Q9 - The provider will have to work with people insured by any national schemes of the EU, and will be expected to provide expertise on the way each of the system works; Q10 - the data will be processed on a "need-to-know basis" and the corresponding European data protection regulations</p>
51	07/05/2020 13:53	14/05/2020 15:43	Appendix 10 to the TOR Lot 2 Programmes of Full Medical Examinations	<p>For men and women aged over 40 years, please confirm exactly what tests are required for the following: - Electrophoresis for patients (over 60) - VDRL - Test for inflammatory syndrome, analysis of metabolic assessment Many thanks</p>	<p>14/05/2020 Electrophoresis, VDRL, Test for inflammatory syndrome, analysis of metabolic assessment (cholesterol and glycemia), kidney and liver function and uric acid.</p>

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#	Submission date	Publication date	Question subject	Question	Answer
52	07/05/2020 13:20	14/05/2020 15:44	LOT 2:	The time frame set out for implementation starting September will mean that we will need to start our internal implementation from the beginning of June. As we are submitting the tender the beginning of June, the time frame requested under the schedule will be a challenge. Is there a possibility to review these time frames after the decision is made on the awarding of the contract?	14/05/2020 The implementation phase would start in September for a go-live in January 2021.
53	07/05/2020 13:18	14/05/2020 15:44	LOT 2.	Will there be a requirement for members outside the EU to carry out the wellness checks as well or is this limited to inside the European Union? Furthermore, will there be a requirement for any of the beneficiaries to have wellness tests at any other global location?	14/05/2020 In principle, no, only inside the EU and the UK.

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#	Submission date	Publication date	Question subject	Question	Answer
54	07/05/2020 13:17	14/05/2020 15:45	LOT 2:	2.2.2. Volume of services Under Lot 2, 7,000 beneficiaries are eligible for the services. The population includes EIB and EIF agents, EIB and EIF retirees as well as their spouses covered under the Health Insurance Scheme. Over the contractual period, the EIB Group aims at having up to 50% of the covered population to undergo a Full Medical Examination. Please specify the contractual period in this context?	14/05/2020 3+1 years
55	07/05/2020 12:13	14/05/2020 15:47	Qualitative award criteria	Dear Sir, Madam, In the Qualitative award criteria of the Terms of Reference, you specifically request that we prove "Adherence to an approved code of conduct referred to in the Regulation (EU) 2016/679". After having consulting our legal department, we are not aware of any Code of conduct that have been approved and is referred to in the Regulation (EU) 2016/679. Can you kindly tell us if you are aware that such a code exists and indicate us which one it is so we can start the process to concur with it ? Thank you for your kind assistance.	14/05/2020 Pursuant to Article 40 of Regulation 2018/1725 code of conducts can be prepared by a number of entities such as supervisory authorities, associations and other bodies representing controllers or processors etc. Therefore, we are not in a position to advise you which one is most suitable for you. However we encourage you to get in touch with your National Data Protection Supervisory Authority or other companies in your sector of activities for further information on that topic.

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#	Submission date	Publication date	Question subject	Question	Answer
56	07/05/2020 11:43	14/05/2020 15:48	Lot 1 - EIB Staff and their dependents in Luxembourg	Please confirm whether EIB staff, their dependents and retirees are affiliated to the local social security plan - Caisse National de Sante - in Luxembourg.	14/05/2020 EIB staff are normally affiliated to HIS only; retirees are often affiliated to HIS only; we estimate that 60% or 70% of partners and children are affiliated to a national scheme, most of them in Luxembourg.

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#	Submission date	Publication date	Question subject	Question	Answer
57	06/05/2020 15:09	14/05/2020 16:11	Stop-loss allowance	<p>Dear Sir, Madam, In the terms of reference, you mention that "the Service Provider is required to follow up the cumulative out of pocket incurred per family at the end of each calendar semester and pay stop-loss allowance". But in the Appendix 5, it is written "Where the out-of-pocket expenditures of the insured persons, accumulated over a calendar half-year (starting 1st of January or 1st of July respectively), exceed 25% of the average monthly income, the principal insured can request the stop-loss allowance". Can you clarify this: is the member supposed to request the allowance or is the provider shall pay it automatically when a member meet the requirement ?</p> <p>Beside, do you provide the provider with the average monthly income of each member, necessary to determine if the member is eligible or not ?</p> <p>Thank you for your kind assistance.</p>	<p>14/05/2020</p> <p>The member is supposed to request the allowance. The income of the family will be provided by the requester.</p>

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#	Submission date	Publication date	Question subject	Question	Answer
58	06/05/2020 12:03	14/05/2020 16:12	Audit	<p>Dear Sir, Madam, In the section "2.1.2.6. Services to the CDM" of the terms of reference, you list all the topics you want us to develop in our offer under this section. But you do not talk about the audit, which can be considered as a service to CDM and is listed in the section "2.1.2.8. Data protection and audit". But, in the Annex B "Technical proposal form", you ask us to provide a proposal in accordance with a specific structure whose sections are the same as the Terms of reference ones, except for the audit, which is not mentionned anymore with the data protection, but is not mentionned either under any other section. Do we have to comply with the structure of the Annex B and develop only the topics listed in the section 2.2 of the terms of reference ? That would mean that we have to talk about the audit in the section D for instance. Or do we just have to comply with the structure of the Annex B and insert the topics we consider relevant for each section ? Thank you for your kind assistance.</p>	<p>14/05/2020 Tenderers are requested to comply with the structure of the Annex B and they are not expected to provide a proposal regarding the audit requirements, which are described under section 2.1.2.8. Data protection and audit.</p>

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#	Submission date	Publication date	Question subject	Question	Answer
59	06/05/2020 08:12	14/05/2020 16:15	Lot 1: Medical Network / Claims Data	Please confirm the name of the medical facility plus claims paid amount per specialty for the top 5 medical providers in each of Luxembourg, Germany, France, Italy and Belgium for the past three years.	14/05/2020 Please see the document uploaded in the document library.
60	05/05/2020 19:15	14/05/2020 16:21	Reporting	Dear Sir, Madam, Under the section "4.1.2.1. Reporting" of the Term of References, you mention that you expect the TPA to provide, in its reports, a "comparison of net premiums and reimbursements". As you are self-insured, can you inform us if the TPA administers the insurance premiums or only the administration fees ? If it doesn't administer the insurance premiums, can you confirm that the EIB is providing the TPA with information about the premiums, such as the amount of premium paid by category of insured persons (staff members, retirees etc.) and by type of insurance (1st euro or complementary) etc. ? Thank you for your kind assistance.	14/05/2020 The premiums (internal contribution to the scheme) are fully managed by the Bank, and the corresponding data will not be relevant for the TPA, as it has no impact on the type of coverage. The coverage will be similar for all insured persons, and the type of insurance will be hybrid (both primary and complementary insurance will be available)

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#	Submission date	Publication date	Question subject	Question	Answer
61	05/05/2020 19:01	14/05/2020 16:22	Direct billing with the relevant Stakeholder	Dear Sir, Madam, In the "article 2.1.2.6. Services to the CDM" of the Terms of Reference, you mentionned that the TPA is expected to make direct billing arrangements with the EIB for claims linked to serious illness, and the IWME for work-related accidents. Is this process supposed to be occasional or invariable ? In other terms, is the TPA supposed to be the only provider of the direct billing arrangements or will it be asked to provider direct billing arrangements only upon specific request ? Thank you for your kind assistance.	14/05/2020 No the TPA will not be the only provider of direct billing. The IWME must establish an arrangement so that they reimburse the current claim manager for expenses eventually recognised as work-related. The PMA must establish an arrangement so that the claim manager can reimburse the PMA for expenses covered by the HIS but paid by the PMA for emergency/practical reasons. The TPA must identify the amounts of reimbursements related to private accidents and serious illnesses because the Bank must afterward subsidize the HIS for this type of expense.

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#	Submission date	Publication date	Question subject	Question	Answer
62	05/05/2020 14:47	14/05/2020 16:23	Services	Would EIB accept non client facing services to be carried out outside the EU?	14/05/2020 If the non-client facing services DO NOT involve processing of ANY personal data – then the answer is Yes. An acceptable example is services that develop IT functionalities for the Service Provider and use only the testing environment that contains anonymised data. However these services cannot have access to the production environment that contains real personal data. Any other processing of personal data outside EU is acceptable only in cases where a medical treatment/check occurs outside the EU (as specified in the Model contract attached to the Tender documentation).
63	05/05/2020 12:25	14/05/2020 16:24	Lot 1: Pre-certifications	Please confirm the number of pre-certifications for medical treatment issued per year for 2017,2018 and 2019.	14/05/2020 Please bear in mind that hospitalisations can happen without pre-approval; the following data are extrapolated to reflect the new system.1329 pre-approvals in 2019 of which dental/orthodontics: 709, advice on hospitalisation and other: 316, long standing disease: 195, pharmacy/protheses:109.

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#	Submission date	Publication date	Question subject	Question	Answer
64	05/05/2020 12:23	14/05/2020 16:27	Lot 1: Claims Data per Provider	Please confirm the name of the medical facility plus claims paid amount per top 5 providers in each of Luxembourg, Germany, France, Italy and Belgium for the past three years.	14/05/2020 Please see the document uploaded in the document library which is also the reply for question 59.
65	05/05/2020 12:18	14/05/2020 16:29	Contract Effective Date	Please can you confirm the contract Effective Date for each Lot? The TOR Annex A Technical Specifications page 15 mentions that the estimated date of entry into force of the contract is 01/09/20. However there is also a three month implementation period envisaged. Does 01/09/20 represent the start of the implementation period or the start of the contract / service provision itself. Please confirm.	14/05/2020 For both Lots the contract target start date is set on 01/09/2020 which is also the estimated start of the implementation. The full services are planned to start in dec 2020/jan 2021.
66	04/05/2020 17:53	14/05/2020 16:30	pricing	In the 'HIS claims' table 'Amount of claims' and 'Reimbursement' is stated, what does this mean?	14/05/2020 "amount of claims" means in million euros how much was declared as medical expenses; "amount of reimbursement" means how much of the claims was reimbursed by the HIS

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#	Submission date	Publication date	Question subject	Question	Answer
67	04/05/2020 17:52	14/05/2020 16:31	pricing	In some of the tables is 'current' & 'new' mentioned. What does this mean?	14/05/2020 "current" means population covered by the current system; "new" is our estimate of the population which we expect to be covered under the new scheme applicable in 2021 with different eligibility and type of reimbursement.
68	04/05/2020 17:52	14/05/2020 16:32	pricing	Can you please provide the membership of the last 3y ?	14/05/2020 The number of lives covered increased by 6%, 8% and 2% in 2017, 2018 and 2019; as eligibility and type of reimbursement is going to change in 2021, detailed historical data is irrelevant; the data we provide is our best estimate of the population we expect to be covered by the new scheme applicable in 2021 with different eligibility and type of reimbursement.

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#	Submission date	Publication date	Question subject	Question	Answer
69	04/05/2020 17:08	14/05/2020 16:33	Time frame of examinations colonoscopy	1. In "Terms of Reference" you demand that the whole program should be performed within 4 hours. Even the most efficient doctor cannot perform program 2 and 4 within 4 hours, if all single examinations have to be performed. Do you agree with my judgement? 2. In "Terms of Reference" you mention that the time frame of 4 hours does not apply to the days of colonoscopy. However, I do not find a "colonoscopy" in any of the 4 programs. Does that mean that a colonoscopy is not included in your programs?	14/05/2020 1. Fair point: indeed some examinations may need more time but the usual average time required for the basic examinations required has historically been kept under 4 hours; 2. Colonoscopy is not included;
70	04/05/2020 15:20	14/05/2020 16:33	Pricing	In the 'HIS claims' table 'Amount of claims' and 'Reimbursement' is stated, what is the difference between the two?	14/05/2020 "amount of claims" means in million euros how much was declared as medical expenses; "amount of reimbursement" means how much of the claims was reimbursed by the HIS.
71	04/05/2020 15:19	14/05/2020 16:34	Pricing	In some of the tables 'current' & 'new' is mentioned. What is the difference.	14/05/2020 "current" means population covered by the current system; "new" is our estimate of the population which we expect to be covered under the new scheme applicable in 2021 with different eligibility and type of reimbursement.

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#	Submission date	Publication date	Question subject	Question	Answer
72	04/05/2020 15:19	14/05/2020 16:35	Pricing	Can you provide the membership of the last 3y iso 2018 only? If not possible, can you provide the same tables for 2016 & 2017 as was given for 2018?	14/05/2020 The number of lives covered increased by 6%, 8% and 2% in 2017, 2018 and 2019; as eligibility and type of reimbursement is going to change in 2021, detailed historical data is irrelevant; the data we provide is our best estimate of the population we expect to be covered by the new scheme applicable in 2021 with different eligibility and type of reimbursement.
73	04/05/2020 12:26	14/05/2020 16:35	EN-CFT 1586 Terms of Reference GOPs	"On page 34 of the ToR, it states that no medical data should be requested from the service provider. this is currently outside our process. Can you clarify the reason why this has been requested? Is there any variation in process that will be allowed, where we can request data to issue guarantees of payment? P. 34 To ensure that minimization of data will be applied in the issuance of the said letter of guarantee in line with instructions communicated by EIB. No medical data should be requested by the Service Provider to issue a letter of guarantee"	14/05/2020 Prior approval for hospitalisations is not required therefore there is no justification to request medical reports or diagnosis to issue the letter of guarantee. Minimization of data is the rule. No variations are foreseen.

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#	Submission date	Publication date	Question subject	Question	Answer
74	04/05/2020 12:26	14/05/2020 16:36	Claims EVAC	Can you clarify the terms on Evacuation? Do you use ISOS.	14/05/2020 Lot 1 concerns only private events and evacuation can only happen in case of medical emergency, will be performed by Intl. SOS and reimbursed by the HIS; in case of work-related event evacuation will be performed by Intl. SOS and paid by the insurance company
75	04/05/2020 12:25	14/05/2020 16:37	Claims EVAC	For member surveys, is it mandatory to send this out to all members? Our surveys are random across the group.	14/05/2020 Yes, for satisfaction surveys, it is mandatory to send it to all members.
76	04/05/2020 12:25	14/05/2020 16:37	Claims general	Will we process all claims coming in as from September 2020 onwards, even if the expenses were incurred prior to that date ?	14/05/2020 No. The target cut-off date for the current claim manager is set on 31/12/2020. It is planned that the selected tenderer shall only process claims incurred as of 01/01/2021.
77	04/05/2020 12:24	14/05/2020 16:38	Claims general	Can we get claims data? How many claims per year, per location and split in member and provider claims	14/05/2020 Please see in the Tors (section 2.13 Volume of services), stable split by country of treatment. In 2019 around 10% of inpatient and maternity treatments were paid directly to the providers (no history available)

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#	Submission date	Publication date	Question subject	Question	Answer
78	04/05/2020 12:24	14/05/2020 16:39	Change in benefits general	<ul style="list-style-type: none"> • Could you please share any changes to the benefits in the past 5 years? 	14/05/2020 No major change happened in the past years. Eligibility and type of reimbursement are going to change in Q2021 and are described in the legal annex attached to the Tors.
79	04/05/2020 12:23	14/05/2020 16:39	Enrolment data general	<ul style="list-style-type: none"> • Could you please provide us with the amount of lives enrolled in the plan over the past 3 years? ? If this information is only available for a shorter period of time, please share nonetheless. 	14/05/2020 As eligibility and type of reimbursement is going to change, the past evolution of the number of lives is irrelevant.
80	04/05/2020 12:23	14/05/2020 16:40	Claims general	<ul style="list-style-type: none"> • Could you please provide us with the number of claims incurred per country over the past 3 years and the medical expenses associated with those and country of care? 	14/05/2020 See in the Tors (section 2.13 Volume of services), stable split by country of treatment.
81	04/05/2020 12:22	14/05/2020 16:40	Claims general	<ul style="list-style-type: none"> • Could you please provide us with the total claims pay out per treatment over the past 3 years? Could you please also provide us with the initial value of the incoming bills over the past 5 years? 	14/05/2020 Stable amount of claims / type of treatment: GP 3%, Specialists 17%, Pharmacy 10%, Dental care 10%, Vision care 5%, Maternity 4%, Inpatient 29%, Med.aux 4%, Laboratory and radiology 13%, Miscellaneous 5%. The initial value of incoming bills is not relevant as the Provider will use the EIB account to process reimbursements.

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#	Submission date	Publication date	Question subject	Question	Answer
82	04/05/2020 12:18	14/05/2020 16:41	Number of GOPs general	<ul style="list-style-type: none"> • Could you please provide us with the inflow of GOPs (number of e-GOPs received per year) or the GOP utilisation per life per year for the past 3 years? If this information is only available for a shorter period of time, please share nonetheless. 	14/05/2020 In 2019 around 0.11 GOP per live (no history available).
83	04/05/2020 12:18	14/05/2020 16:42	General membership data general	<ul style="list-style-type: none"> • Could you please provide us with the split of insured persons in gender, actives & retirees over the past 3 years? If applicable also per country of residence. 	14/05/2020 The split is stable: 50% of active principal insured are female; 40% of retired (roughly people aged 60 and more) principal insured are female; only the split by country of care is available - see in the Tors (section 2.13 Volume of services).
84	04/05/2020 12:17	14/05/2020 16:42	Number of members per country and nationality general	<ul style="list-style-type: none"> • Could you please provide us with the exposure of members in countries and also confirm their nationality over the past 3 years? ? If this information is only available for a shorter period of time, please share nonetheless. 	14/05/2020 See in the Tors (section 2.13 Volume of services), stable split by country of treatment, the nationality is irrelevant.
85	04/05/2020 12:16	14/05/2020 16:43	number of emails general	<ul style="list-style-type: none"> • Could you please provide us with the inflow of e-mails (number of e-mails received per year) or the e-mail utilisation per life per year for the past 3 years ? If this information is only available for a shorter period of time, please share nonetheless. 	14/05/2020 Stable at 2.5 per life per year over the past 3 years.

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#	Submission date	Publication date	Question subject	Question	Answer
86	04/05/2020 12:16	14/05/2020 16:44	Number of calls and languages general	"• Could you please provide us with the inflow of calls (number of calls received per year) or the call utilisation per life per year for the past 3 years? If this information is only available for a shorter period of time, please share nonetheless.	14/05/2020 Stable at 0.7 per life per year over the past 3 years.
87	04/05/2020 12:15	14/05/2020 16:44	Online tools for claiming general	• Have you ever utilised any online claiming solution/tools with your current provider? If yes, since which year it has been effective?	14/05/2020 Yes on-line claiming since 2014, used for 89% of claims in 2019.
88	04/05/2020 12:14	14/05/2020 16:45	Claims general	• Could you please provide us with the split between provider claims and member claims over the 3 years period? If this information is only available for a shorter period of time, please share nonetheless.	14/05/2020 In 2019 around 10% of inpatient and maternity treatments were paid directly to the providers (no history available).

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#	Submission date	Publication date	Question subject	Question	Answer
89	04/05/2020 12:13	14/05/2020 16:49	Data protection - EU focus	"Our bank statements are electronically routed to the US for upload into the our system, which means that all data (in- and outgoing payment to the different parties – clients, members and providers) is kept on a US-based server or in the secure cloud. Furthermore hospitalisation in the US are handled by our US arm of our company. The majority of services and processes are in the EU for our company, however in the above examples some of these processes are based outside the EU. Can you confirm if this is allowed by EIB? "	14/05/2020 The use of servers and cloud services for processing of personal data outside the EEA is not acceptable. The model contract attached to the CFT documentation clearly states: 1. the personal data shall only be processed within the territory of the European Union and the European Economic Area and will not leave that territory unless a medical treatment/check occurs outside the territories of those Countries; 2. the data shall only be held in data centers located within the territory of the European Union and the European Economic Area
90	04/05/2020 12:03	14/05/2020 16:50	General Terms and Conditions Inspection and Audit by the Bank	Inspection and Audit by the Bank: clause 20 – we would like the Bank to include a previous written notice to communicate these inspections to the Provider (i.e.: one month prior to the inspection) as well as indication, on this notice, the scope of the inspection, so the provider can have the documentation ready. For clarity purposes please confirm who will assume the cost of the inspection?	14/05/2020 We kindly remind you that according to point 4.6 "Implications of submitting a tender" of the General Administrative and Submission clauses (GASC) document "(...) By submitting a tender in response to this call for tenders, the Tenderers: (...) accept all terms and conditions of the Procurement Documents, including the EIB Model Contract (...)" By consequence, no amendment of the General Terms and Conditions is accepted.

Call for tenders questions summary

#	Submission date	Publication date	Question subject	Question	Answer
91	04/05/2020 12:01	14/05/2020 16:51	General Terms and Conditions Suspension	Suspension: clause 16 - there is no specific reason included for the suspension of the services, nor a previous written notice to communicate this to the Provider. We would like to include these items for the sake of legal certainty. There is nothing included also related to the premium payment during this suspension period: premium should be paid as there will be on-going medical procedures (hospitalizations, etc....) that will have to be paid during this period.	14/05/2020 We kindly remind you that according to point 4.6 "Implications of submitting a tender" of the General Administrative and Submission clauses (GASC) document "(...) By submitting a tender in response to this call for tenders, the Tenderers: (...) accept all terms and conditions of the Procurement Documents, including the EIB Model Contract (...)" By consequence, no amendment of the General Terms and Conditions is accepted.
92	04/05/2020 11:57	14/05/2020 16:52	EN-CFT 1586 Terms of Reference Page 21 Structure of the tender	We have duly noted the headings to follow for both lots. However, it's not clear under which sections we should add our replies to the following sections: 2.1.2.1 Software as a service, Web Pages and Portal and 2.1.2.8 Data protection and audit. Can you please specify?	14/05/2020 With reference to the pages 21 and 22 of the ToR, please be informed that your proposal regarding section 2.1.2.1 (Software as a services, Webpages and Portal) should be provided under the section related to award criterion B.4 and section 2.1.2.8 (Data protection and Audit) should be provided under the section related to award criterion D.

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#	Submission date	Publication date	Question subject	Question	Answer
93	28/04/2020 09:53	14/05/2020 16:53	Appendix 5 to the TOR Art. 7.2 Full Medical Examination	Is there any financial limit for coverage / reimbursement of the Full Medical Examination under the HIS or Preventive Medicine Programme?	14/05/2020 Full Medical Examinations performed according to the defined medical protocol are entirely covered by the EIB. The EIB will pay the selected service provider according to its proposed pricing detailed in ANNEX C - Pricing form Lot 2.
94	28/04/2020 09:42	14/05/2020 16:54	Lot 2 Annex C Pricing Form	How should we consider / treat high cost examinations performed only every 2 - 3 years in calculation of the "average price per medical examination"? Please provide the exact definition for calculation of the average price to be included. We want to ensure that comparison on a like-for-like basis is possible.	14/05/2020 The content of the medical examination is strictly aligned with the medical protocol defined by the EIB (refer to Appendix 10). Thus, the cost of the examination is aligned as well with the content of the medical protocols in order to ensure a selection on a like-for-like basis. Cost may vary depending on country/city/selected Health Care Institution but not on content. Average price per medical examination is calculated on the basis of the average costs per country according to a single medical protocol.

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#	Submission date	Publication date	Question subject	Question	Answer
95	28/04/2020 09:38	14/05/2020 16:54	Lot 2 Annex A - Technical Specifications, page 25 Art. 2.2.1.3 Full Medical Examination Report	Please provide a template / full list of required data fields for the format of the Full Medical Examination report i.e. per the existing practice. Many thanks	14/05/2020 There is no template. The EIBG expects the tenderers to provide an example of template according to their experience and that takes into account the main needs expressed: summary of findings, possible consequences and follow up advice.
96	28/04/2020 09:33	14/05/2020 16:55	Appendix 10 to the TOR Programme of Full Medical Examinations, page 1	How will we identify persons at risk / belonging to a risk group in order to adapt the screening method? Will EIB provide historic data in this respect for such cases identified up to the point when the administration transfers to the new Service Provider? Please advise	14/05/2020 The Health Care provider will need to do so, but not the Administrator. The EIBG does not own beneficiaries' medical data and in any case, may not transfer such information. The Health Care provider may use pre-screening methods (such as a questionnaire) to tailor the screening or ask the patient for medical information or referral.
97	28/04/2020 09:29	14/05/2020 16:58	Lot 2 TOR Art 2.2.2 Lot 2 B Network of Health Care Institutions, pages 22 + 23 Annex C Pricing Form for Lot 2	1)Is it a requirement to include Healthcare Institutions in locations outside the EU & UK in the network for Full Medical Examinations? If not, is it an advantage to do so? 2)If we are required to present Healthcare Institutions / Facilities and associated costs outside EU & UK how should we proceed since we are not permitted to modify the pricing sheet? Please advise.	14/05/2020 1) No it is not a requirement, and therefore may not be considered an advantage for the tenderer in a public call for tender - 2) it can be included in the offer itself with an associated pricing.

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#	Submission date	Publication date	Question subject	Question	Answer
98	28/04/2020 09:20	14/05/2020 17:00	Lot 2	Please provide the number of Full Medical Examinations / Check-ups performed per city / location for the past 3 years.	14/05/2020 The programme laid out in this tender is new. The current programme in place only includes 2 hospitals, one in Luxembourg and one in Germany, therefore we do not have the requested data.
99	28/04/2020 09:18	14/05/2020 17:00	Lot 1 Annex A Technical Specifications Lot 1, page 7 Description of the services: Art. 2.1.2.2 Process Beneficiaries' Requests	Art. 2.1.2.2 of Annex A Technical Specifications Lot 1 stipulates for Preauthorisations: The Service Provider shall provide "if relevant and in the best interest of the patient, a second medical opinion and at least one alternative, circumstances and timeframe permitting taking into account his/her Centre of interest and the recovery delay". Letter of Guarantee or Advance Payment (Annex A, page 8) stipulates: "No medical data should be requested by the Service Provider to issue a Letter of Guarantee." Please advise how these two statements should work together and which of them takes precedence? Provision of a second medical opinion and appropriate alternative medical facility requires medical detail.	14/05/2020 In many cases hospitalisations happen without preapproval nor second opinion, thus without medical data.

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#	Submission date	Publication date	Question subject	Question	Answer
100	28/04/2020 09:09	14/05/2020 17:01	Lot 1 Appendix 5 to the TOR: Annex II (to the Staff Rules), Art. 1.3	Is there a requirement to use a specific exchange rate source for the conversion of claims? Please advise.	14/05/2020 As per point 1.3 of annex II of the Staff rules: rate on the day of care; no specific rate.
101	28/04/2020 09:07	14/05/2020 17:02	Lot 1 Annex A - Technical Specification, page 8: Stop-loss Allowance Appendix 5b - Stop Loss Allowance Guidance	Please confirm whether salary information will be provided with the enrolment data to allow calculation of entitlement to the stop-loss allowance.	14/05/2020 Salary will not be provided by the employer; the income of the family will be provided by the requester.
102	28/04/2020 09:04	14/05/2020 17:03	Lots 1 & 2 EIB / EIF populations to be administered	Please provide full census data of the EIB (Lot 1) and EIB+EIF (Lot 2) populations to be administered including: - active staff or retiree - main member or dependant - nationality - location / country of residence - date of birth	14/05/2020 For the purpose of tendering, only aggregated demographic data is provided - see Appendix 2 to the ToR.
103	04/05/2020 12:13	18/05/2020 16:25	Claims general	• Could you please provide us with the inflow of claims (number of claims received per year) or the claim utilisation per life per year for the past 3 years? If this information is only available for a shorter period of time, please share nonetheless.	18/05/2020 As eligibility and type of reimbursement is going to change, the past evolution of the number of claims is irrelevant.
104	04/05/2020 12:14	18/05/2020 16:26	Claims /invoices general	• Could you please provide us with the number of lines/invoices per claim for the same period as the inflow of claims?	18/05/2020 As eligibility and type of reimbursement is going to change, the past evolution of the number of claims is irrelevant.

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#	Submission date	Publication date	Question subject	Question	Answer
105	05/05/2020 12:26	18/05/2020 16:27	Lot 1: Call Volume	Please confirm the call volume from insured members per year for 2017,2018 and 2019. Please also advise the call volume out of office hours i.e. between 19.00 and 08.00 CET.	18/05/2020 Number of calls during the working hours: 4708 (2017), 5863 (2018), 5947 (2019), information on call volume outside office hours is not available.

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