



ACCIDENT COMPENSATION CORPORATION

XSERVICEX

Tender Response Evaluation

GENERAL GUIDE TO SCORING THE RESPONSES

Scored questions are marked on a scale of 0-4, with 0 being lowest and 4 highest. The basic score is multiplied by the weighting of the question to give the total score for the response.

If not scored questions are marked with a Pass (2) or with a Fail (0).

Some questions are not scored and are simply a Pass or a Flag.

Red flags for any response indicates that the element is critical and if not met, then this is sufficient for the tenderer to be unsuccessful.

Yellow flags for a response indicates that the element is important and potentially puts at risk the tenderer being successful.

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Proposal Number: \_\_\_\_\_

Name of Provider: \_\_\_\_\_



## **Instructions**

This form (or a word processed version of it) is the official response format for the ACC Invitation to Apply for XSERVICEX.

All Proposals must be submitted in this format. Please ensure to attach other relevant and/or additional information to some questions. Faxed or emailed applications are not acceptable.

### ***Instructions on completion of this form***

- All applicants must fully complete all sections.
- Applications must be submitted typed, not hand-written.
- Applicants are to provide all relevant details that relate to the service(s) to be provided.

This official application must be delivered in a sealed parcel clearly marked and addressed as follows:

Application for supply of XSERVICEX Services

COMMERCIAL IN CONFIDENTIAL

Gina Reiri

Contracts Administrator

ACC Health Procurement

81-83 Molesworth Street (For deliveries)

Thorndon

Wellington

PO Box 242 (For mail)

Wellington

## **Part A – All Applicants to Complete**

### **Section 1 - General Information**

#### **1. Vendor Details**

| Question                                                                                                                                                        | Response |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| a) Full legal name of your organisation<br><i>Provide evidence of the legal name of your organisation (e.g. copy of the Certificate of Incorporation).</i>      |          |
| b) Trading name if different to above                                                                                                                           |          |
| c) Name, position and contact details of the person responsible for the Application - Contractual contact<br><br><i>Address, phone, fax and e-mail</i>          |          |
| d) Name(s) of personnel responsible for the management of this service - Operational contact<br><br><i>Address (street &amp; postal), phone, fax and e-mail</i> |          |
| e) Name and contact details of the person(s) responsible for referrals for the service<br><br><i>Address, phone, fax and e-mail</i>                             |          |
| f) Name and position of authorised signatory(ies) for this contract                                                                                             |          |
| g) Legal form of organisation (e.g. trust, partnership, company)                                                                                                |          |
| h) Bank account details (Please include a pre-printed bank deposit slip)                                                                                        |          |
| i) GST Number (if applicable)                                                                                                                                   |          |

#### **2. Master Agreement Status**

| Question                                     | Response                                                                                                                                             |
|----------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|
| Do you have an ACC Master Agreement already? | <input type="checkbox"/> Yes - Master Number: _____<br><input type="checkbox"/> No - Please complete ACC Master Application Part D of this document. |

#### **3. Declaration**

*Please sign the attached declaration confirming that the information given to ACC in this document and any other document provided as part of your Application Response is true and correct in all aspects.*

This declaration should be signed by either the Chairperson or Managing Director of your organisation.

#### ACCIDENT COMPENSATION CORPORATION (ACC) DECLARATION

We declare that the above information given to the Accident Compensation Corporation (ACC) is true and correct in all aspects

Declared at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 2005

Signature (of duly authorised officer): \_\_\_\_\_

Full Name and designation: \_\_\_\_\_

Signature (of duly authorised officer): \_\_\_\_\_

Full Name and designation: \_\_\_\_\_

## **Part D – Master Agreement**

These questions are based on the master agreement and are relevant to all ACC contracts. Vendors will need to complete this section every three years.

### **I. General Information**

| Question                                                                                                                                                                                                                                                                                                                                                                                                                                    | Response |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| <p>a) Detailed description of your organisation. This must include:</p> <ul style="list-style-type: none"> <li>● Business profile</li> <li>● History of organisation</li> <li>● Range of services provided</li> <li>● Description of the environment where services will be delivered</li> <li>● Organisational Structure overview</li> <li>● Number and mix of staff.</li> <li>● Summarise staff turnover in the last 12 months</li> </ul> |          |
| <p>b) Provide details of any other contract/s you currently hold (or are negotiating) with ACC, the Ministry of Health or DHBs (DHBs do not need to answer).</p>                                                                                                                                                                                                                                                                            |          |
| <p>c) Summarise what you believe are the key strengths of your organisation.</p>                                                                                                                                                                                                                                                                                                                                                            |          |
| <p>d) Detail your current financial status, supported by audited copies of the previous 3 financial years profit / loss and balance sheets.</p>                                                                                                                                                                                                                                                                                             |          |
| <p>e) Provide full details of any potential, pending, or successful legal actions against the company for any reason</p>                                                                                                                                                                                                                                                                                                                    |          |
| <p>f) Outline your business continuity and disaster recovery plans. Make specific reference to your back-up/recovery systems and your system security procedures, and confirm how long you store data for hard-copy retrieval.</p>                                                                                                                                                                                                          |          |

| Question                                                                                                                                                                                                                                                                                                                                                                                                                                            | Response |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| <p>g) Are you aware of any respects in which your organisation does not comply with any legislative requirements (this includes but is not limited to: Privacy Act 1993, the Health Information Code 1994, Code of Health and Disability Services Consumers Rights, Consumer Guarantees Act 1993 and Health and Safety in Employment Act 1992).</p> <p>If there is non-compliance what steps is your organisation taking to address this/these?</p> |          |
| <p>h) Detail your company's insurer and the type of cover maintained, noting whether public and/or professional indemnity insurance (including directors and officers) is maintained and to what level. Please ensure any relevant limitations are detailed.</p>                                                                                                                                                                                    |          |

## 2. Quality Systems

| Question                                                                                                                                                                                                                                                                                            | Response |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| <p>a) Demonstrate your understanding of:</p> <ul style="list-style-type: none"> <li>• Injury Prevention, Rehabilitation, and Compensation (Code of ACC Claimants Rights) Notice 2002</li> <li>• Health Information Privacy Code 1994</li> <li>• Health and Safety in Employment Act 1992</li> </ul> |          |
| <p>b) How is your organisation ensuring it meets Health and Safety requirements? e.g. membership to ACC's Partnership Programme.</p>                                                                                                                                                                |          |
| <p>c) Does your organisation meet Standard New Zealand's NZ8134:2001 Health and Disability Sector Standards?</p>                                                                                                                                                                                    |          |
| <p>d) Do you have a quality assurance plan - Yes / No. Please provide details.</p>                                                                                                                                                                                                                  |          |
| <p>e) Attach your Quality Assurance Plan or describe what written procedures and policies you have in place, how you monitor &amp; evaluate these and who is responsible for them (e.g. Audit processes including peer review mechanisms &amp; bi-annual file audits).</p>                          |          |
| <p>f) If you do not have a quality assurance plan/system, please describe in detail what service quality monitoring system you will use to ensure your services conform to the expectations in this specification.</p>                                                                              |          |

| Question                                                                                                                                                                                                                                              | Response |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| g) Describe what written protocol, procedures and policies you have in place, how you monitor and evaluate these and who is responsible for these.                                                                                                    |          |
| h) How do you ensure that consumer consultation is undertaken and customer satisfaction is measured? E.g. through Surveys carried out on a regular basis, collated and the results circulated to all relevant groups within the Provider organisation |          |
| i) Detail the systems and procedures in place ensuring information obtained from ACC remains confidential and is not disclosed to or discussed with third parties or used for purposes other than that for which it is provided.                      |          |
| j) How do you manage and monitor timeframes for services? E.g. Refer to any policies to manage timeframes for services and provide example                                                                                                            |          |
| k) Detail staff selection, pre -employment screening policies, training, supervision, competency and monitoring systems                                                                                                                               |          |
| l) How do you manage the complaint process? E.g. Refer to written protocol for managing the complaints process and provide example                                                                                                                    |          |
| m) How is your organisation ensuring it meets Health and Safety requirements? e.g. membership to ACC's Partnership Programme                                                                                                                          |          |
| n) Outline any Health and Safety initiatives your company is involved in.                                                                                                                                                                             |          |
| o) Detail how you provide Services so as to maintain the dignity and privacy of the Claimant                                                                                                                                                          |          |
| p) Detail arrangements for translation, interpreter and/or other communication services                                                                                                                                                               |          |

### 3. Working Relationships

| Question                                                                                                                                                    | Response |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| a) Provide supporting details on how you will establish and maintain a mutually acceptable business relationship with local ACC Case Managers and branches. |          |
| b) Provide supporting details on how you will establish and                                                                                                 |          |

|                                                                                                                                                        |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| maintain a mutually acceptable business relationship with other treatment providers (GP's, District Nurses, Contracted Assessors and other Providers). |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--|

#### 4. Cultural Competency

Hauora Maori - Cultural Competency ACC's focus:

- (i) It is imperative for ACC to be responsive to the needs of Maori. ACC recognises its clear obligations under the Treaty of Waitangi to enhance and improve the design of, access to, delivery and monitoring of policies and programmes which impact on the economic opportunities and social outcomes for Maori.
  
- (ii) All Services under this Agreement will recognise the needs of Maori, Pacific People and other groups. Claimants need to have Services provided in a way that recognises their social, economic, political, cultural and spiritual values.

| Question                                                                                                                                                                                                                                                                                                       | Response |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| a) Please submit policies, procedures, and protocols that specifically relate to your organisation's cultural competency. If this documentation is not available, please submit a timeline to indicate your organisation's commitment to cultural competency and the future development of this documentation. |          |
| b) Show evidence of completed and future cultural awareness training for staff.                                                                                                                                                                                                                                |          |
| c) Show evidence of cultural support and supervision for staff.                                                                                                                                                                                                                                                |          |
| d) What does your organisation do to actively seek the employment of Maori in service provision?                                                                                                                                                                                                               |          |
| e) Does your organisation have links and consult with the Maori and Pacific People community or any other groups in your area? If so, please describe those links.                                                                                                                                             |          |
| f) Is your organisation able to identify and eliminate barriers to access to services and information for Maori claimants when required? (i.e. information offered in Te Reo Maori)                                                                                                                            |          |
| g) How does your organisation identify and accommodate other cultures that may be encountered in service delivery?                                                                                                                                                                                             |          |
| h) How do you demonstrate your commitment to other cultures? Refer to written protocol and operational procedures demonstrating commitment to other cultures.                                                                                                                                                  |          |
| i) Describe how your organisation will involve Maori claimants and their whanau in the planning, delivery, and                                                                                                                                                                                                 |          |

| Question                                                                                                                              | Response |
|---------------------------------------------------------------------------------------------------------------------------------------|----------|
| supervision of the service.                                                                                                           |          |
| j) Describe how you will meet the needs of Maori claimants and achieve equal outcomes for Maori claimants as for all other claimants. |          |