



RFI NUMBER:	RAF/2026/00068
DESCRIPTION:	REQUEST FOR INFORMATION (RFI): DELIVERY, CONFIGURATION, IMPLEMENTATION AND SUPPORT OF A CLOUD-BASED INTEGRATED MEDICAL MANAGEMENT SOLUTION
PUBLISH DATE:	21/10/2026
CLOSING DATE:	11/11/2026
CLOSING TIME:	11:00 A.M.
RESPONSES MUST BE EMAILED TO:	bacsecretariat@raf.co.za
ATTENTION:	Demand Management

BIDDER NAME: _____

Please select one of the options below (Tick)

OEM (Owner of the technology)	
Accredited Partner /Reseller	

BIDDING STRUCTURE

Indicate the type of bidding structure by marking with an 'X':	
Individual bidder	
Joint venture	
Consortium	
Using subcontractors	
Other	

If individual bidder, indicate the following:	
Name of bidder	
Registration number	
VAT registration number	
Contact person	
Telephone number	
Fax number	
E-mail address	
Postal address	
Physical address	

If joint venture or consortium, indicate the following: (To be completed for each joint venture/ consortium member)	
Name of joint venture/consortium members	
Registration number	
VAT registration number	
Contact person	
Telephone number	
Fax number	
E-mail address	
Postal address	
Physical address	

If using subcontractors, indicate the following:	
Name of prime contractor	
Registration number	
VAT registration number	
Contact person	
Telephone number	
Fax number	
E-mail address	
Postal address	
Physical address	

If joint venture or consortium, indicate the following:	
Name of prime contractor	
Registration number	
VAT registration number	
Contact person	
Telephone number	
Fax number	
E-mail address	
Postal address	
Physical address	

If using subcontractors, indicate the following: (To be completed for each subcontractor)	
Name of subcontractor	
Registration number	
VAT registration number	
Contact person	
Telephone number	
Fax number	
E-mail address	
Postal address	
Physical address	

ENQUIRIES

Enquiries regarding this Request for Information should be submitted via e-mail.

Integrated

Bid enquiries:

Demand Management	bacsecretariat@raf.co.za
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Enquiries should reference specific paragraph numbers, where appropriate.

All questions/ enquiries must be forwarded in writing prior to the submission date.

ABBREVIATIONS AND DEFINITIONS

For purposes of this RFI, the following abbreviations and terms apply:

Abbreviation or Term	Definition
AI	Artificial Intelligence
AMA Guides	American Medical Association Guides to the Evaluation of Permanent Impairment
API	Application Programming Interface
ATC	Anatomical Therapeutic Chemical Classification System
B2B	Business-to-Business electronic integration
BHF	Board of Healthcare Funders of Southern Africa
BI	Business Intelligence
CCSA	Complete Current Procedural Terminology for South Africa
CSV	Comma-Separated Values
DRG	Diagnosis-Related Group
EMS	Emergency Medical Services
HBM	Hospital Benefit Management
HPCSA	Health Professions Council of South Africa
ICD-10 / ICD-11	International Classification of Diseases, 10th or 11th Revision
LOC	Level of Care
LOS	Length of Stay
MA	Medical Advisory
MFA	Multi-Factor Authentication
MoU	Memorandum of Understanding
NAPPI	National Pharmaceutical Product Index
PCNS	Practice Code Numbering System
POPIA	Protection of Personal Information Act, 2013 (Act No. 4 of 2013)
QA	Quality Assurance
RAF	Road Accident Fund
RBAC	Role-Based Access Control
RCF	Reference Code File
RFI	Request for Information
RPL	Reference Price List
RVU	Relative Value Unit
SAMA MDCM	South African Medical Association Medical Doctors' Coding Manual
SLA	Service Level Agreement
SOC 2	System and Organisation Controls 2 assurance report

SOP	Standard Operating Procedure
SSO	Single Sign-On
WPI	Whole Person Impairment
RAF Exclusion List	RAF's approved list of equipment, medicines, procedures, consultations, treatments or other items that are not covered or payable under applicable RAF rules and policies.
Serious Injuries List	The RAF-approved list used with applicable impairment and narrative-test criteria to identify and assess potentially serious injuries.

1. BACKGROUND OF THE RAF

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

2. BACKGROUND OF THE RFI

RAF is seeking market information on a proven, cloud-based Integrated Medical Management Solution that can enhance clinical governance, improve operational efficiency, and strengthen the management of clinical and financial risks associated with medical benefits arising from claimant injuries. The proposed solution should integrate with RAF systems and approved third-party platforms and support capabilities such as pre-authorisation, case management, medical bill review, clinical advisory services, provider management, reporting, and compliance.

The solution should enable automated claims processing in accordance with RAF-approved clinical and coding rules, tariff structures, NAPPI pricing, pre-authorisations, and the RAF Exclusion List. It should be configurable, customisable where necessary, and scalable to meet RAF's functional, technical, integration, security, reporting, and regulatory requirements while delivering measurable operational, clinical, and financial benefits.

Following an earlier procurement process that did not result in the appointment of a service provider, RAF is issuing this RFI to re-engage the market, validate and refine its requirements, and inform an appropriate future sourcing approach.

Respondents are therefore invited to provide information on existing, proven, cloud-based solutions suitable for implementation within RAF's complex and regulated South African public-sector operating environment.

3. SCOPE OVERVIEW

The scope covers the core capabilities required for an Integrated Medical Management Solution, including clinical rules, pre-authorisation, hospital benefit management, case management, serious injury assessment, past and future medical expenses, provider network management, medical advisory processes, medical bill review, EMS data management, fraud detection, integration, reporting and analytics.

Respondents should demonstrate solution capability in the following areas:

- 3.1. Configurable clinical rules engine, workflows and clinical crosswalks incorporating treatment protocols, tariffs, formularies, SOPs, guidelines, coding rules and position statements.
- 3.2. Medical management capabilities for risk analysis, risk stratification, clinical fraud detection, provider profiling, over-servicing and over-billing controls, and home modification management.
- 3.3. Integrated financial management, health-risk management, medical claims adjudication and payment support.
- 3.4. Integration with claimant information, treatment plans, injury-specific undertakings, rehabilitation outcomes, pre-authorisation workflows, and clinical intervention monitoring.
- 3.5. Alignment with RAF-approved medical management processes, policies, governance requirements, and applicable clinical compliance requirements.
- 3.6. Integration with RAF systems, approved third-party platforms, statutory data sources and qualifying service providers.
- 3.7. Clinical and provider flagging aligned to clinical coding and the applicable RAF Exclusion List to identify fraud, waste, abuse, over-servicing, and over-billing.
- 3.8. Clinical coding-enabled injury assessment and management of past and future medical expenses, including injury-linked treatment and benefit considerations.
- 3.9. Audit functionality that records user activity, data changes, configuration changes, affected modules or database tables, user identification, and timestamps.
- 3.10. Provider network management with geo-mapping by province, district municipality, town, suburb, and township.

4. OBJECTIVES OF THE RFI

This RFI is issued for market engagement and information-gathering purposes only. It does not constitute a request for proposals, invitation to tender, offer, commitment or formal procurement process.

Through this RFI, RAF seeks to:

- 4.1. Assess the availability, maturity and suitability of integrated medical management solutions capable of supporting RAF's clinical, claims, pre-authorisation, case management, medical bill review, provider management, reporting and compliance requirements.

- 4.2. Obtain market input on functional, technical, commercial, implementation, integration and procurement factors that may affect feasibility, responsiveness and successful delivery.
- 4.3. Validate and refine RAF's business, functional, technical, integration, security, reporting, implementation and support requirements so they are clear, realistic and market-aligned for a future procurement process.
- 4.4. Understand viable delivery models, implementation approaches, phasing options, resource requirements, integration dependencies, support models and key implementation risks within RAF's public-sector operating environment.
- 4.5. Obtain indicative pricing, licensing, subscription, implementation, maintenance and support models to inform cost estimation, budgeting, affordability assessment and procurement planning.
- 4.6. Assess respondent capability, relevant experience, reference implementations, delivery capacity and readiness to support a medium-to-large South African public entity operating in a high-volume, regulated claims environment.
- 4.7. Determine whether solution demonstrations, clarification sessions, proof-of-concept activities or further market engagements are required to validate capability, implementation approach and strategic alignment.
- 4.8. Use the information received to refine the scope of work, improve future bid documentation, reduce procurement risk and determine the most appropriate subsequent sourcing approach.

5. SUBMISSION REQUIREMENTS FOR INTERESTED PARTIES

To support consistent review and comparison, respondents must submit a complete response aligned to the structure and numbering of this RFI. Detailed information must be provided in the relevant sections below, with the submission comprising at least the following:

- 5.1. A company profile and evidence of organisational capability, relevant experience, financial standing, certifications and contactable references, as specified under General Information.
- 5.2. A conceptual solution overview and completed responses to the functional, technical, integration, security, reporting and compliance questions under Required Information.
- 5.3. Supporting evidence, such as product documentation, process flows, architecture diagrams, implementation examples, reference sites and presentation material. RAF may request a live solution demonstration where further validation is required.
- 5.4. The implementation, resourcing, change management, training, knowledge transfer, support and maintenance information requested under Implementation Approach and Support.

- 5.5. Indicative pricing and licensing information completed in accordance with the Cost and Licensing section, together with all assumptions, exclusions, dependencies, constraints and risks.

6. REQUIRED INFORMATION

Respondents must provide clear, structured and complete responses to the questions below, supported where applicable by capability descriptions, product documentation, implementation examples, reference sites, assumptions, exclusions and constraints. The information will enable RAF to assess solution capability, service delivery model, implementation approach and alignment with preliminary business, technical and procurement requirements.

7. INTEGRATED MEDICAL MANAGEMENT SOLUTION KNOWLEDGE, CAPACITY, AND EXPERIENCE

The following detailed questions are intended to help RAF assess sector knowledge, solution capability, implementation experience, delivery capacity, support model, and overall suitability to deliver and sustain the proposed Integrated Medical Management Solution within RAF's operating environment.

7.1. Vendor Overview

- 7.1.1. Provide a company profile covering organisational size, ownership structure, years in operation, financial stability, relevant certifications and experience in integrated medical management, healthcare, claims, insurance or public-sector environments.
- 7.1.2. Describe the proposed implementation methodology, delivery model, project governance, resourcing approach, change management, training, knowledge transfer and post-implementation support services.
- 7.1.3. Confirm whether the respondent has implemented comparable cloud-based medical management, healthcare claims, insurance claims or public-sector solution for a medium-to-large organisation within the last five years. Provide implementation examples, preferably from South African organisations, where available.
- 7.1.4. Where applicable, provide the cloud hosting model, cloud service provider, deployment scale, implementation duration, number of users supported and confirmation of whether client references may be contacted.

7.2. Technical Capabilities

- 7.2.1. Describe the respondent's cloud infrastructure experience, including Azure, AWS or Google Cloud, in delivering integrated medical management, healthcare claims, insurance claims or public-sector solutions.
- 7.2.2. Describe the data security, privacy, compliance, and governance controls built into the proposed solution and hosting environment.
- 7.2.3. Provide the proposed uptime guarantee, availability architecture, disaster recovery approach, recovery time objective and recovery point objective.
- 7.2.4. Describe how data backup, restoration, retention, archival and recovery are managed for clinical, claimant, claims, provider and financial data.
- 7.2.5. Explain how the solution scales to support transaction volumes, concurrent users, data growth, integration loads, reporting demands and future functional expansion.
- 7.2.6. Confirm whether the solution supports single sign-on, multi-factor authentication and role-based access control aligned to RAF user roles, approval levels and segregation of duties.
- 7.2.7. Confirm whether the solution can integrate with cloud-based and on-premises RAF systems and approved third-party platforms using secure APIs or other standard integration mechanisms.

8. INTEGRATED MEDICAL MANAGEMENT SOLUTION CAPABILITY

This section focuses on the functional and operational capabilities expected from the solution across clinical rules, pre-authorisation, hospital benefit management, case management, medical advisory processes, integration, portals, reporting, security and emerging capabilities such as artificial intelligence.

Requirement	Yes/No	Is this information detailed in your proposal? Yes/No
8.1 CLINICAL RULES ENGINE		
Does the solution provide a configurable clinical rules engine covering ICD-10, RPL, CCSA, NAPPI price files, formularies, practice codes, clinical guidelines, protocols, treatment plans, and outcome measures?		
Does the solution support tariff maintenance, including annual code, description and RVU updates, SAMA MDCM and RCF changes, historical date-based pricing, tariff uploads and negotiated rates?		
Does the clinical rules engine prevent unbundling and reject incompatible tariff code combinations?		
Does the solution capture negotiated hospital rates for volume and long-stay agreements and reconcile pre-authorisations against claims payments?		
Does the solution support drug utilisation review using formulary, price-file and NAPPI data?		
Does the solution support automated claims processing against pre-authorisations, tariff and NAPPI pricing, RAF-approved clinical and coding rules, and the RAF Exclusion List?		
Does the solution version-control clinical guidelines, protocols, tariffs and rules, retain prior versions, and adjudicate claims by service date, including late claims three years or older?		
8.2 GENERAL PRE-AUTHORISATION		
Does the solution support clinically appropriate, motor vehicle accident-related pre-authorisation integrated with the clinical rules engine and approved data sources, including PCNS/BHF, HPCSA, MoU tariffs, MediKredit, the Serious Injuries List and RAF exclusions?		
Pre-Authorisation Levels and Workflows		
Does the solution support configurable workflows for standard pre-authorisation, medical advisory approvals, provider requests submitted electronically or by email, B2B authorisation, emergency authorisations within 72 hours, high-cost or complex procedures, and motivation letters for extended stays or level-of-care changes?		
Does the solution allow authorised users to manually update pre-authorisation workflows where required?		
Does the solution allow for automated escalation of requests based on clinical guidelines and thresholds to the team leader, manager and medical advisor, and generate the required correspondence?		
Automated Correspondence		

Does the solution automate standardised approval and decline correspondence, including rejection codes and reasons?		
HOSPITAL BENEFIT MANAGEMENT (HBM)		
Does the solution support all medical expense authorisation types, including value limits, approved treatment plans and automated claims processing against authorised benefits?		
Does the solution capture and index provider, claimant and third-party correspondence against the relevant authorisation or claimant profile?		
Does the solution support pre-discharge planning, including service provider PCNS/BHF integration, LOS/LOC management, pre-authorisation, emergency admission notifications and motivation letters for extended stays or LOC changes?		
Does the solution maintain tariff and NAPPI baskets, support NAPPI loading at ATC, surgical classification and NAPPI code levels, apply RAF-negotiated prosthesis prices, and process claims up to approved maximum prices?		
Does the solution capture pre-existing conditions by condition or ICD-10 code and support long-term care, rehabilitation follow-ups, clinical note updates, complications monitoring and cost tracking?		
Does the solution support evidence-based clinical updates, role-based security, approval levels aligned to the Delegation of Authority, and automated review notifications for items such as expiring authorisations?		
Does the solution support in-hospital serious injury case management using ICD-10 codes and the Serious Injuries List, including early rehabilitation treatment plans upon liability acceptance?		
Does the clinical rules engine support ICD-10 and RPL search, treatment recommendations, and alignment of tariffs, NAPPI codes, procedure codes and provider tariffs to injury and diagnosis?		
Does the solution support B2B receipt of clinical information, provider reports, web-based hospital pre-authorisation requests, approval/pend/decline workflows, automatic authorisation creation and stakeholder notifications?		
Does the solution record decline reasons, including duplicate claims, clinical inappropriateness and SAMA coding rules, and calculate savings from declined services or tariffs?		
Does the solution verify provider PCNS/BHF numbers, registration with HPCSA or relevant statutory bodies, and scope-of-practice alignment?		
Does the solution manage exclusions for medicines, procedures, consultations, equipment and related items, including non-covered items under RAF policy?		

Does the solution support Pharmacy Benefit Management, including formularies, medicine price lists, ATC risk classes, generic reference pricing, drug utilisation review, treatment compliance and overutilisation monitoring?		
Does the solution accommodate different pharmacy markup models agreed with pharmacy groups?		
CASE MANAGEMENT		
Does the solution support end-to-end in-hospital and out-of-hospital case management, including intervention milestones, workflows, risk stratification, caseload dashboards and productivity reporting?		
Does the solution provide mobile or tablet-based real-time case management tools, including rehabilitation outcomes, productivity, geo-mapping, treatment plan updates, change tracking and audit logs?		
Does the case management module incorporate RAF policies, serious injury protocols, minor injury protocols, online forms, pre-authorisation templates, emergency service requests and injury-linked progress reporting?		
IN-HOSPITAL CASE MANAGEMENT		
Does the solution support in-hospital case management for serious injuries, including ICD-10 and Serious Injuries List identification, EMS and admitting facility alerts, 72-hour Level 3 notifications and configured workflows?		
Does the solution allow for flagging of urgent cases to facilitate accelerated registration, merit assessment, compliance checks, emergency undertakings, ongoing hospitalisation, LOC changes, assistive devices and early rehabilitation referrals?		
OUT-OF-HOSPITAL (FIELD CASE MANAGEMENT)		
Does the solution support field case management by triggering pre-discharge referrals, allocating cases through geo-mapping, digitising treatment plans and rehabilitation outcomes, and supporting real-time clinical decision-making?		
Does the solution record home visits within specified hours, capture clinical fields, update treatment plans, validate high-cost assistive devices, document caregiver requirements and manage caregiver timesheets, banking verification and payment support?		

Does the solution support electronic rehabilitation outcomes tracking with graphs, guided follow-up questions, claimant/caregiver recommendations, caregiver allocation rules and predictive analytics for risk stratification, prioritisation and work allocation?		
OFFICE-BASED CASE MANAGEMENT		
Does the solution support office-based case managers in coordinating with hospital and field case managers, requesting LOS/LOC updates, reviewing inpatient progress notes, flagging high-cost pre-authorisations and performing claimant risk profiling?		
Does the solution integrate hospital, field and office-based case management modules and enable office-based case managers to define injury-specific baskets of care for field implementation?		
Does the solution allocate service attendance frequency and limits within treatment plans, including for dieticians, physiotherapists, occupational therapists and biokineticists?		
Does the module integrate with network management and service provider contracting for long-term clinical needs, including non-perishables, nappies and catheters, to contain costs and improve access to future medical care?		
ASSESSMENT OF SERIOUS INJURIES		
Does the solution assess injury seriousness by applying ICD-coded diagnoses, the Serious Injuries List, WPI threshold and narrative test requirements?		
Does the solution support ICD-10/ICD-11 coding, secondary diagnosis identification, Serious Injuries List application, WPI-based flagging, narrative test capture and expert report requests?		
Where an injury is assessed as serious, can the solution create an authorisation for general damages, initiate a workflow to the relevant department, and automatically generate an undertaking and a treatment plan (basket of care) for the specific injury?		
MEDICAL BILL REVIEW		
Does the solution support medical bill review, including clinical appropriateness assessment, tariff validation, provider verification, adjudication, savings calculation and exception handling?		
Does the solution evaluate bills against the clinical rules engine, regulated or negotiated rates, provider credentials and clinical data such as ICD-10, RPL/CCSA, medication and therapy information?		

Does the solution apply RAF-approved treatment protocols, SOPs, guidelines, formularies, policies, clinical protocols and the RAF Exclusion List when determining clinical appropriateness?		
Does the solution calculate savings between requested and approved amounts, support adjudication decisions and request additional documentation or motivation where required?		
Does the solution manage complex bill review cases, including threshold-based referrals, high-cost flagging, Medical Advisory team referrals, LOC/LOS diagnosis linkage, pre-authorisation integration and standardised approval and decline templates?		
Does the solution automatically assess claims against approved pre-authorisations and escalate exceptions for manual review where claims fall outside clinical rules, thresholds or authorised benefits?		
ASSESSMENT OF FUTURE MEDICAL EXPENSES		
Does the solution assess future medical expenses by linking diagnoses to undertakings, estimated amounts and related baskets of care?		
Does the solution support quote assessment and generation by determining the amount RAF is prepared to pay based on a quote submitted by a service provider, including through a provider portal where applicable?		
Does the solution generate and maintain up-to-date injury-specific baskets of care or care plans based on injury nature, severity, treatment protocols and approved clinical rules?		
Can the solution integrate with the claims engine rules, pre-authorisation, contracted providers, geo-mapping, coding rules, Pharmacy Benefit Management, SOPs, pathology, radiology and approved policy rules?		
Can the solution process future medical expenses against approved baskets of care or care plans and apply quantity, frequency and interval controls as specified in clinical rules?		
CAREGIVER MONTHLY PAYMENTS		
Can the solution register caregiver information and process monthly caregiver payments based on approved caregiver categories, rates and claimant-specific arrangements?		
Can the solution support monthly electronic timesheet submission as proof of work and process caregiver payments only after the timesheets have been received and approved by the responsible consultant?		
MANAGEMENT OF MEDICAL SPECIALTIES (DISCIPLINES) AND NETWORKS		
Does the solution manage medical experts, specialties and provider networks, including provider profiling, contracting, scheduling, reporting, SLA monitoring and clinical risk controls?		

Does the solution support provider network management, including outlier monitoring, over-servicing rules, price negotiation, contract management, clinical risk analysis, profiling, reporting and fraud management?		
Does the solution enforce medical expert qualification, reporting and AMA guide classification requirements, including injury descriptions, summaries, approved templates and mandatory online fields?		
Does report submission trigger electronic medical expert claim submission, workflow review against the claimant profile and payment upon approval?		
Does the solution maintain a specialty-based medical expert network, use geo-mapping to identify the nearest specialist, and integrate with medical expert scheduling?		
Does the solution provide configurable reminders, SLA monitoring from booking to report completion, query-resolution workflows with Head Office, and calendar reminders for RAF staff?		
Does the solution manage service provider and medical expert contracts and SLAs, including monitoring and trackable consequences for non-adherence?		
MEDICAL ADVISORY PROCESS		
Does the solution support a Medical Advisory (MA) process for complex and threshold-based referrals to a multidisciplinary clinical team, using standardised MA forms, treatment protocols, SOPs, policies, tariffs and scientific databases to formulate clinical opinions and recommendations?		
Does the solution enable electronic MA referral submission, automatically flag potential referrals to bill reviewers and case managers, and prompt submission of supporting documentation?		
Does the solution route referrals to selected multidisciplinary team members, notify recipients of new queries and support QA for auto-routed MA referrals?		
Does the solution assign unique referral reference numbers, issue acknowledgements, track resolution timelines, forward Medical Advisory team responses and support additional information requests with automatic closure where information is not received within defined timeframes?		
Does the solution generate monthly and quarterly MA reports showing senders, query types, statuses, savings and reconciliation of accumulated savings against actual paid amounts?		
MANAGEMENT OF HPCSA TRIBUNAL PROCESS		
Can the solution manage all HPCSA Tribunal committee communication and attach communication logs to the relevant claimant, provider or third-party record?		

Does the solution support online report and document requests, including RAF Form 1, RAF Form 4 and medical reports, with uploaded and categorised documents accessible through a link-number-based correspondence link?		
Does the solution communicate Tribunal committee decisions using online templates, standardised wording and clear reasons so that similar decision outcomes can inform future decision-making?		
Does decision communication include supporting document links and automatically trigger required departmental workflows based on the decision template?		
INTEGRATION		
Does the solution support integration with internal systems, outsourced service providers, partner facilities, medical experts, provider practices and approved third-party stakeholders to support information exchange, reporting, payments and operational workflows?		
Does the solution support integration with participating hospitals, emergency services providers, pathology and radiology practices, HPCSA, Allied Health Professions Council, PCNS/BHF, MediKredit and other RAF-approved IT or statutory systems?		
REAL-TIME CLAIMS SUBMISSION AND PROCESSING		
Does the solution support real-time claiming, including claimant validation, benefit eligibility verification, automated daily MediKredit NAPPI/BHF file uploads and update history, including price changes?		
Can the solution convert PDF invoices into an electronic format suitable for claims processing?		
WEB FUNCTIONALITY		
Does the solution provide integrated web functionality for claimants, providers and approved healthcare or statutory stakeholders, including internet-accessible portals, real-time integration with core operational modules and integration with RAF and outsourced service providers?		
MOBILE APPLICATIONS		
Does the solution provide mobile application capability for RAF claimants, including claimant services, benefit compliance, SMS updates, reminders and communication with claimants and service providers awaiting payment?		

PROVIDER SITE		
Does the provider portal support real-time claims submission, provider self-service, claimant eligibility verification, claims history, correspondence, query tracking and entitlement visibility?		
Does the portal allow providers to submit claims in real time using diagnosis codes, tariffs, treatment protocols and authorised treatments, with clinical rules, RAF Exclusion List flags and fraud detection applied?		
Does the portal provide 12-month claims history, with up to five-year transaction access, filterable by claimant, link number, invoice reference, treatment date and provider type?		
Does claims history show claimant clinical details, provider membership and practice number, claimed and paid amounts, payment date, diagnostic codes, procedure codes and tariff codes?		
Does the portal display and filter recent provider correspondence and statements by date, document type and claimant, with document download capability?		
Does the portal display recent provider queries, including reference code, date, category, status and resolution date where applicable?		
Does the portal allow providers to verify claimant eligibility using the link number?		
Does the portal display claimant entitlements based on treatment plans and injury-specific undertakings, including diagnoses, injury type, treatment entitlements, equipment duration/frequency and claimant details?		
CLAIMANT PORTAL		
Does the claimant portal support claimant self-service, including profile information, claims and authorisation history, entitlements, correspondence, document access, query management and exclusion list visibility?		
Does the portal display claimant profile information, including personal and contact details, editable contact information, authorisations and approved items or services?		
Does the portal display 12-month claims history, with up to five-year transaction access, filterable by claimant, service provider and treatment date?		
Does claim detail include claimant, service provider, treatment date, invoice reference, claimed and paid amounts, payment date and recipient of payment?		
Does the portal display entitlements per injury-specific undertaking, including diagnosis, service frequency, approved items/services, treatment plan and linked condition?		

Does the portal allow filtering by year, service provider and item/service, and track claimant need changes and equipment modifications from submitted invoices?		
Does the portal display recent authorisations, current or completed within six months, filterable by claimant and authorisation type, with transaction history available for up to five years?		
Does authorisation detail show reference code, type, authorised amount, start/end dates and controlled visibility by authorisation type?		
Does the portal maintain a five-year payment history to track issued equipment, authorised payments, prescribed interventions, adherence, compliance, overutilisation and potential clinical fraud?		
Does the portal display claimant correspondence, filterable by date and document type, with secure document downloads and role-based visibility?		
Does the portal display claimant queries logged by phone, email or web, including reference code, date, category, status and resolution date where applicable?		
Does the portal allow claimants to log new queries, select a category, enter free-text details and route the query into the workflow solution?		
Does the portal provide access to a continuously updated RAF Exclusion List covering equipment, medicines and non-clinical or non-evidence-based treatments not covered by RAF?		
FRAUD DETECTION		
Does the solution provide fraud detection and prevention functionality, including provider profiling, utilisation analytics, forensic audits, segregation of duties, pre-payment audits, exception-based clinical audits, high-cost flagging and on-site admission audit support?		
COMMUNICATION		
Does the solution support secure, trackable and auditable communication across RAF departments, staff, providers, claimants, medical experts and third parties, including internal workflow communication, multidisciplinary routing, SLA tracking, external communication logging, report-upload notifications, SMS/WhatsApp Business integration and standardised templates?		
REPORTING		

Does the solution provide consolidated reporting and analytics across operational, clinical, provider, claimant, financial, workflow, risk, cost-savings and compliance areas?		
Can the solution provide standard, configurable and exportable reports for clinical operations, claims activity, treatment progress, utilisation, provider performance, productivity, financial metrics, cost savings and audit purposes?		
Does the reporting module support dashboards for authorisations, claims, medical bill reviews, case management, provider performance, clinical risk, workflow status, service levels, turnaround times and compliance?		
Can the solution provide dashboards or integrate with BI tools such as Power BI to present clinical, operational, financial, provider and claimant insights?		
Can the solution report on external and approved RAF data sources, including service provider progress reports, NAPPI/BHF files, Home Affairs data, mortality data, DRG categories and other approved clinical or statutory data sources?		
Can the solution provide reporting for foreign claimants, serious or severe injuries, clinical risk, mortality, cost savings, workflow performance and operational management?		
Can authorised users configure report parameters, filters, date ranges, categories and data fields without technical assistance, and export reports in PDF, Excel and CSV formats?		
SECURITY AND COMPLIANCE		
Does the solution protect clinical, claimant, provider, claims and financial data through encryption at rest and in transit, secure authentication, MFA, SSO, RBAC, segregation of duties and delegated approval controls?		
What information security certifications, assurance reports and compliance controls are available, including ISO 27001, SOC 2 or equivalent, POPIA, South African public-sector requirements, health information governance and RAF information security policies?		
What data loss prevention, leakage monitoring and secure information-sharing controls are available to protect personal, health, claims and provider information?		
Can the solution provide complete, tamper-evident audit trails and compliance reports for user access, data changes, approvals, workflow actions, claims activities, clinical decisions, payments, user administration and configuration changes?		
How does the solution manage regulatory, policy, tariff, coding and clinical protocol updates while maintaining version control and auditability?		

ARTIFICIAL INTELLIGENCE (AI) TOOLS		
What AI capabilities are embedded in the solution to support medical management, claims, pre-authorisation, case management, bill review, provider profiling, fraud detection, clinical risk stratification, utilisation analysis, cost forecasting and workload planning?		
How does AI automate routine tasks, improve workflow efficiency and provide recommendations, alerts or decision-support outputs for authorisations, treatment plans, bill reviews, provider behaviour and claimant risk?		
Can AI analyse clinical, claims, provider, financial and workflow data to identify insights, trends, anomalies, overutilisation, over-servicing, fraud, waste or abuse?		
How does the solution ensure security, privacy, explainability, auditability and governance of AI-generated outputs and data used by AI models?		
IMPLEMENTATION APPROACH AND SUPPORT		
Respondents must describe how the proposed solution would be implemented, supported and maintained within RAF's operating environment.		
Describe the proposed implementation methodology, scope, phases, timelines, resources, governance, integration approach, change management, training, knowledge transfer and user adoption support for delivering the Integrated Medical Management Solution.		
Describe the proposed support and maintenance model, including helpdesk arrangements, incident management, response and resolution times, escalation procedures, SLAs, service reporting and post-implementation support.		
How are system updates, enhancements, patches, regulatory or tariff changes, clinical protocol updates and new releases managed, tested, approved and deployed without disrupting operations?		

9. COST AND LICENSING

To support affordability assessment and procurement planning, respondents must provide an indicative pricing model using the table below. All costs must be stated in South African Rand and be VAT inclusive where applicable.

Pricing must disclose assumptions, exclusions, dependencies, and all once-off and recurring costs, including licensing, subscriptions, implementation, configuration, integration, data migration, training, maintenance, support and any other fees relevant to the proposed solution.

Deliverables	Price Year 1 (VAT included)	Price Year 2 (VAT included)	Price Year 3 (VAT included)	Price Year 4 (VAT included)	Price Year 5 (VAT included)	Total Price (VAT included)
Licenses/Subscription (1000 users)	R	R	R	R	R	R
Project Management						R
Planning and Solution Design						R
Configure, Build, Integration, Test and Deploy						R
Data migration						R
Training						R
Maintenance and Support (5 years)	R	R	R	R	R	R
Total	R	R	R	R	R	R

10. ADDITIONAL INFORMATION

Respondents must disclose any assumptions, dependencies, constraints, limitations or risks that may affect solution suitability, implementation feasibility or long-term sustainability.

Respondents may provide additional recommendations or value-added proposals to assist RAF in assessing solution suitability, refining requirements and informing any subsequent procurement or solution design approach.

Respondents must be available, if required, to provide a solution demonstration to RAF in support of the submitted information. RAF will notify respondents in advance should a demonstration be required.

11. RESPONSE FORMAT

To enable efficient review and comparison, respondents must present their submissions in a clear, structured and traceable format aligned to this RFI.

Responses must be clear, concise, complete and sufficiently detailed to enable RAF to assess solution capability, implementation approach, risks, assumptions and overall suitability.