



Corrigendum 1 & Pre-Bid Queries Response

to

Request for Empanelment (RFE)

“Empanelment of Service Providers for conducting Desk Medical Audit, Tele-Verification and Tele-Consultation”

RFP Number: S-1206/08/2020–NHA

Date of Publishing RFP: 1st October, 2020

Date of Publishing Corrigendum 1 & Pre-bid query response: 19th October, 2020

Corrigendum 1 - dated 19.10.2020

Basis the pre-bid meeting and pre-bid queries received on the RFP the National Health Authority (NHA) has decided to make the following changes in the RFP as described in the table below:-

| # | Document/Clause/Page# | RFP clause | Modification/Insertion/Deletion |
|----|--|--|---|
| 1. | Section 7.2.1 Pre-qualification criteria & Section 12.1 Response to pre-qualification criteria (Table Pt. 3) | The Agency must have an annual turnover of at least ₹ 1 crore in the last financial year (2018-19). | Modification: The Agency must have an annual turnover of at least ₹ 1 crore in either of the last two financial year (2018-19)/ (2019-20) . |
| 2. | Section 9 Payment Terms | | Insertion: 11. The payment will be released to the agency within 30 days of due diligence and acceptance of the invoice by NHA 12. The TAT for resolving queries if audit findings are not satisfactory would be 1 month |
| 3. | Section 8.4 Performance Guarantee | | Insertion: Work order will be issued for six months at a time. |
| 4. | Section 12.1 Response to pre-qualification criteria Pt. 2 | The agency must have at least 30 MBBS doctors (of which at least 5 should be MS/ MD/DNB/ PG diploma in clinical subjects), all doctors must have minimum 3 years of clinical practice /auditing insurance claims in general and health insurance in particular, as on the date of application. | Modification: The agency must have at least 15 MBBS doctors, on permanent employment or on contract (of which at least 3 should be MS/ MD/DNB/ PG diploma in clinical subjects), all doctors must have medical registration (MCI/State) and must have minimum 3 years of clinical practice or auditing insurance claims in general and health insurance in particular, as on the date of application. |

Pre-Bid Queries Response dated 15.10.2020

Basis the pre-bid queries received on the RFP the National Health Authority (NHA) has provided the response as described in the table below:-

| # | Section No. | Section Name | Statement as per RFE document | Query by Bidder | Responses |
|----|--|---------------------------------------|--|--|---|
| 1 | 7.2.1 | Pre-Qualification Criteria | The Agency must have an annual turnover of at least ₹ 1 crore in the last financial year (2018-19). | Startup (DIPT Registered) & MSME (UDHYAM Registered) should be exempted from this criteria, as this will filter out many good startups. | As per the RFE |
| 2 | Section 5.4 (Point no. 1 & 9) | | The bidders shall submit, along with their bids, a Bid security/ Earnest Money Deposit (EMD) for an amount of ₹ 15,00,000 as bid security fee in the form of a bank guarantee issued by any nationalized or scheduled commercial bank (of India) in the format provided in Annexure II, section 11.2. | We come under MSME, so we do not require to submit 15,00,000 EMD as it is exempted. Please confirm. | As per RFE, section 5.4, Point 9. |
| 3 | Section 7.2.1 (Table No. 5, Point no. 2) | | As proposed, in resource resources qualifications, 3 specialist doctors MD/MS/DNB/ PG diploma in clinical subjects are required with min 3 years of experience. | Can we include Para clinical subjects as a specialist. At least MD Pharmacology and DM clinical Pharmacology, as they are normally involved in clinical Audits | As per the RFE |
| 4 | Section 7.2.2.1 (Table, Point no. 3) | | In section on Resources with experience in Medical audits/ tele verification of Mass health schemes/ private Health Insurance. <ul style="list-style-type: none"> · 1-3 years – 1 mark/ resource · 3 – 7 Years – 2 marks/ resource · 7 + Years – 3 marks/ resource | Education criteria/ Qualification is missing. Can these resources be non- MBBS doctors, eg. BAMS, BHMS, PHD life sciences, M Pharm (Pharmacology) | All the doctors shall be at least MBBS |
| 5 | Section 7.2.2.1 (Table, Point no. 1 & 2) | | Number of MBBS Doctors associated with the firm. 15 MBBS doctors with medical registration (MCI/State) and with minimum 3 year of experience. 2 marks for each additional (over and above 15) MBBS doctor proposed, subject to a maximum of 10 marks. | This means that if we have 15 agreements we will get the full 10 Marks. If we have 5 more MBBS doctors that will get additional 10 marks? Kindly explain Same is applicable for MD/MS Doctors. We will get additional 20 marks in case we have agreement with 4 more doctors. | If the agency has 20 marks (15 (minimum) + 5 additional doctors) it will score full 10 marks.(2 marks x 5) If the agency has 4 additional (over and above the number mentioned in pre-qualification criteria) MD/MS Doctors, it will score 20 marks. |
| 6 | Section 12.1 (Table, Point No. 3) | | The Agency must have an annual turnover of at least ₹ 1 crore in the last financial year (2018-19). | We request you to make it 2018-2019/ 2019-2020 financial year. It will help the companies to participate who have the turnover of 1CR in 2019-2020 financial year and not in 2018-2019. | As per corrigendum |
| 7 | 3 | Eligibility Criteria | The Agency must have an annual turnover of at least ₹ 1 crore in the last financial year (2018-19). | Our turnover for 2018-2019 is less than 1 crore. But combined with our Subsidiary Company it exceeds 1 crore : In this way we do qualify for bidding : kindly share your inputs | As per RFE |
| 8 | 7.2.2.1 | Proposed Resources : Minimum Criteria | Resources with experience in Medical audits/televerification of Mass health schemes/private Health Insurance | Qualification criteria has not been mentioned : So can we deploy the Non Medical candidates with relevant experience in health schemes / health Insurance | All the doctors shall be at least MBBS As per the RFE |
| 9 | 7.2.2.1 | Proposed Resources : Minimum Criteria | 15 MBBS doctors with medical registration (MCI/State) and with minimum 3 years of experience 3 doctors MDDNB/ PG diploma clinical subjects min 3 years of experience | As per scoring system, agency need to provide min 20 MBBS and 7 PG Drs for the project : But as work load is to be divided in three agencies this proposed manpower will be too high to sustain the costs - What is the mandate of deployment number - as per NHA | As per RFE |
| 10 | 7.2.3 | Commercial Evaluation Criteria | The bidders are required to quote the Unified rate for one medical audit/ 3 tele verification/6 tele consultation as mention in Annexure III, section 13.2 of this RFE. | Kindly share a proper clarity; if possible explaining example with figures | Example - If the quoted rate for 1 desk audit is INR 100 The agency would be paid INR 33.33 for 1 tele-verification and INR 16.67 for 1 tele-consultation. |

| # | Section No. | Section Name | Statement as per RFE document | Query by Bidder | Responses |
|----|----------------------------------|----------------------------|---|--|---|
| 11 | 8.3 - 2 | Allocation of work | NHA may award the Work Order to the empaneled agency in 50:30: 20 ratio (50% for L1 bidder,30% for L2 and 20% for L3 bidder). | On same page no 40, condition, 8.1, it is quoted as "Bidders quoting L2 (will be preferred first), L3, L4 and so on will be offerates and on receiving their willingness to match L1 rates and request for only three bidders will be empaneled for the period mentioned above.So when L2 and L3 will also be working on L1 rates – why will work allocation be lesser as 30% and 20% - It either has to be the work allocation done to L2 and L3 at their quoted rates which can be compensated with less amount of work : But if L2 and L3 are willing to drop their costs to L1 level, it has to be equal work allocation | As per RFE |
| 12 | 8.4 | Performance Guarantee | The NHA will require the selected bidder to provide a Performance BankGuarantee/Performance security, within 7 days from the Notification of award, for a valueequivalent to 10% of the total cost of work order. | Performance Guarantee @ 10% of work order is too high for the agencies having turnover just equivalent to or above 1 crore : Need reconsideration on this | As per RFE |
| 13 | 9-4 | Payment Terms | Cost of travels (if any) is required to be borne by the agency itself. The bidders are required to quote an all-inclusive cost in the commercial proposals. | Page 16 mentions "In case any travel is required as part of the project, the same will be reimbursed on the actuals up to a limit of 15% of the cost of the work order for the travels approved by NHA."Kindly clear on the ambuigity | Travel to field/ State for any reason will happen only on the request of NHA. Such travel cost will be reimbursed by NHA on actuals. Hence, the below mentioned clause holds true - In case any travel is required as part of the project, the same will be reimbursed on the actuals up to a limit of 15% of the cost of the work order for the travels approved by NHA." |
| 14 | 9-6 | Payment Terms | The payments to the selected agency shall be made on a quarterly basis (or asapplicable in case the work is to be completed within the quarter) subject to the termsand conditions stipulated herein. | Quarterly payments will not be feasible as we will have to disperse salaries on monthly basis : The payment frequency has to be on monthly basis | As per RFE |
| 15 | 9.2 - VI | Penalties | In case the performance of agency is not found to be satisfactory for tele-consultation,then a penalty of upto three times the discovered rate may be levied . | What are the parameters for guazing performance of the agency | Audits of Audits will be conducted at discretion on NHA to determine the quality. The parameters will be shared at the time of contracting. |
| 16 | 4.4.4 | Expected Volumes | The tender allows variation in the scope of work by up to 10% | What will be frequency of work assignment : Daily / Realtime / Weekly | Daily |
| 17 | Sec. 4.4.2, Page No. 17 | Doctor Tele Consultation | Provide tele consultation to citizens exhibiting COVID-19 like symptoms identified by Arogya Setu and NHA database, as per given guidelines and protocols | Please specify if Teleconsultation has to be given by general physician or any specialist is also required. | Tele consultation may be done by MBBS or any specialist |
| 18 | Sec. 7.2.1, Page No. 36 | Pre-Qualification Criteria | 1. The agency must have at least 15 MBBS doctors, on permanent employment or on contract (of which at least 3 should be MS/ MD/DNB/ PG diploma in clinical subjects), all doctors must have medical registration (MCI/State) and must have minimum 3 years of clinical practice or auditing insurance claims in general and health insurance in particular, as on the date of application. 2. Educational Certificate of doctors and Certificate from HR confirming the same and offer letters issued to the doctors | Instead of considering individual employee experience our recommendation that organizational experience should be the qualification criteria with proof of experience in the field of clinical Audit/insurance audit. Resumes may not suffice for the validity required. Relevant audits documents may be considered for experience | As per RFE |
| 19 | Sec. 9, Page NO. 43, Point no. 6 | Payment Terms | The payments to the selected agency shall be made on a quarterly basis (or as applicable in case the work is to be completed within the quarter) subject to the terms and conditions stipulated herein. | Request to Authority for monthly payment cycle. | As per RFE |
| 20 | Sec. 4.4.4, Page no. 18 | Expected Volumes | Desk Audit 140,000, Tele-Verification 300,000 , TeleConsultation 150,000 | Kindly confirm if the expected volume given in the document will be assured in a given calendar year and will this volume be distributed 50:30:20 ratio between three bidders and issued work order meet up the volume given in the specified table. | As per RFE |

| # | Section No. | Section Name | Statement as per RFE document | Query by Bidder | Responses |
|----|---------------------------|-----------------------|---|--|--|
| 21 | Sec. 7.2.2.1, Page NO. 38 | Proposed Resources | Resources with experience in Medical audits/tele verification of Mass health schemes/ private Health Insurance | Kindly specify if the respective resources to be considered under this clause should be doctors or manpower of any qualification. | All the doctors shall be at least MBBS As per the RFE |
| 22 | 4.2 | Empanelment terms | In case any travel is required as part of the project, the same will be reimbursed on the actuals up to a limit of 15% of the cost of the work order for the travels approved by NHA. | What will be the travel frequency per month? Which location will be considered as base location? Does it include actual travel expenses like flights, accommodation, food etc? | As such there is no base location. The resources can work from any location as decided by the agency. At the moment NHA is not anticipating any travel. |
| 23 | 4.1 | Project Background | Desk medical audit, Televerification and teleconsultation | 1) What will be the job role of MD/MS doctors in this ? | As per RFE |
| 24 | | | | 2) Does Desk medical audit/televerification include both beneficiary audit/Hospital document audit or any of them? | As per RFE |
| 25 | | | | 3) What will be appx time consumption for all 3 activities? | As per RFE |
| 27 | | | a registered private or public owned company incorporated under Companies Act 2013 or earlier, in India or a Limited Liability Partnership Company under Limited Liability Partnership Act, 2008, or | a) I have registered my firm with govt authorities and under MSME , named Phoenix Claim solutions in which I am the sole proprietor since 2014 to till date, we have ample experience of handling mass health policies investigation like RSBY, PMJAY with various Insurance companies like Reliance GIC, Bajaj Allianz GIC, Religare health IC, FHPL, Vidal TPA in various states like Kerala, GJ, MP, etc, I have also vast experience of investigation of Mass health policies since 2011. | As per RFE |
| 29 | | | A registered NGO, NPO, a society or trust registered under Indian Trusts Act, 1882 or incorporated under the Indian Societies Act, 1860 | b) We have registered phoenix resourcing pvt limited since August 2019 , and phoenix claim solution(firm) is a sister concern and we are diverting all business from phoenix claim solutions to phoenix resourcing pvt limited. | As per RFE |
| 30 | | | and Registered with the GST Authorities and | c) So, we are fulfilling all criteria except CIN in phoenix claim solutions (firm) and CIN is there in Phoenix Resourcing pvt limited except turnover criteria. | As per RFE |
| 31 | | | Agency should have a valid PAN number | d) So, my query is : Are we eligible to participate in bidding? | As per RFE |
| 33 | 8.4 | Performance Guarantee | The NHA will require the selected bidder to provide a Performance Bank Guarantee/Performance security, within 7 days from the Notification of award, for a value equivalent to 10% of the total cost of work order. | Can EMD of 15 lacs be carried forward and adjusted for performance guarantee? Or successful bidder need to deposit it separately!! | As per RFE |
| 34 | 9.2 | Payment terms | The agency to get the assigned work reviewed from the NHA and once NHA accords its acceptance then only the undisputed payments shall be given to the agency for the work order. | Will agency be allowed to represent views and rework in case of disputed claims? As it's a medical science, there is always a chance of subjectivity and difference of opinion. | Yes. |
| 35 | | | | Can any existing Hospital group, Insurance company & TPAs participate in the tender process , keeping in view the Conflict of Interest clause? | As per RFE |
| 36 | | | | 2. Is GST mandatory for the aforesaid Medical Services? | Yes. As per RFE. |
| 37 | | | | 3. What will be the working hours and days of Doctors? | It is essential for the agency to meet its SLAs. There is no fixed working hours for the resources. |
| 38 | | | | 4. Doctors should have registered in Delhi Medical Council or any other state council? | Registration with any state medical council or MCI would serve the purpose |
| 39 | 9 | Payment Terms | The payments which are linked to acceptance of the deliverables will be released to Agency only on satisfactory acceptance of the deliverables for each Service as per Work Order. | 1. Will the parameters for the satisfactory acceptance of cases be shared with the agency at time of contracting? 2. RFE does not mention the name and designation of the decision maker on side of NHA. Please specify 3. What will be the fate of the cases classified as non-satisfactory? Will it be a unilateral decision or a dialogue/ opportunity for the agency to explain the veracity of the decision will be provided? 4. Can the agency expect that the cases not accepted by NHA will enter arbitration before acceptance of non-payment is taken, unilaterally? 5. Will this decision maker in NHA be a PG in Clinical Medicine? (for rational evaluation) as mandated by NHA for Agency? | The parameters will be shared at the time of contracting The decision would be made by qualified medical personnel As per RFE As per RFE The decision would be made by qualified medical personnel |

| # | Section No. | Section Name | Statement as per RFE document | Query by Bidder | Responses |
|----|-------------|-----------------------------------|---|--|--|
| | | | | 6. A hypothetical scenario: If the agency audits cases as per norms declared and post case submission NHA/ SHA mentions that some norms are not yet enforced/ mandated, will the agency's decision as per initial mandate be accepted or will it fall under non-satisfactory? Example: A case of PTCA is paid angiogram still; agency declares it to be wrongly paid and NHA/ SHA says they do not enforce this currently. Will the decision be accepted as satisfactory or other wise? | As per RFE |
| 40 | 8+ 4.4 | Award of Contract + Scope of Work | · Bidders quoting L2 (will be preferred first), L3, L4 and so on will be offered to match L1 rates and on receiving their willingness to match L1 rates and request for empanelment, only three bidders will be empaneled for the period mentioned above. | If L2 or L3 have quoted higher amount which includes different level of offering beyond what L1 is offering, which justifies higher pricing of L2/ L3. | As per RFE |
| | | | · Support for defending litigation/grievances arising subsequent to desk medical audit report out comes in the form of documentation, court appearance, RTI/PIL response etc.as need be. Re-imburement of expenses shall be in addition as per actuals or as per rates/terms set out in the contract. | If L2/ L3 are made to offer services at rate of L1, will they be allowed to dilute their offering to match ONLY what is offered by L1 or still expected to offer their bouquet of services for pricing of L1? | As per RFE |
| 41 | 6.4 | Bid submission format | As part of the bid, bidder should provide one (1) copy of the Pre-qualification bid, and the Technical bid in soft copy (both bids in MS word format and pdf format). In case of any discrepancy, the pdf version shall prevail over the MS word version (The soft copies- MS word to be uploaded in *.rar extension files on CPP portal) | As during the last bid submission, submission of only pdf files in .rar extension files was not possible as it showed file size exceeded; if this has to be submitted with adding word files also, then the file size would increase further (not sure if it will upload). | For CPP portal assistance kindly reach out to their helpline |
| | | | | Please mention the size limit for the files to be uploaded. Pl also note if files are compressed too much they may not remain decipherable making the bid null and void | For CPP portal assistance kindly reach out to their helpline |
| 42 | 9 | Payment Terms | 1. The payments to the selected agency shall be made on a quarterly basis (or as applicable in case the work is to be completed within the quarter) subject to the terms and conditions stipulated herein. | It has not been clarified as to within how many days of submitting the invoice, NHA will release payment after due diligence? Please specify. | As per corrigendum |
| | | | | If NHA delays payment beyond the days specified will the agency get relief in form of interest on delayed payments? | No. |
| | | | | 2. The agency to prepare a "work done report per quarter" and submit to NHA. Basis, the satisfaction of NHA on this report the payments shall be approved for the agency. The payment shall be made to the agency on quarterly basis. | Also please specify the TAT for resolving the ? not satisfactory audit findings. |
| 43 | 9.2 | Penalties | The following are the penalties pertaining to project delivery: | Please clarify after how many attempts of getting no response should the attempts be stopped? | Maximum 5 attempts |
| | | | | Also, since calling is done on NHA system, such a proof will ensure no undue penalties are levied. | As per RFE |
| | | | | Desk medical Audit/ Doctor Tele Consultation / Doctor Tele Verification | Doctor Tele Consultation will be in-bound call or out-bound call? |
| 44 | 8.4 | Performance Guarantee | The NHA will require the selected bidder to provide a Performance Bank Guarantee/Performance security, within 7 days from the Notification of award, for a value equivalent to 10% of the total cost of work order. | Please clarify what is "TOTAL COST OF WORK ORDER" – 3 years/ 1 year / 1 quarter as invoices are to be raised per quarter. This should be considered with bidder's difficulty of blocking such huge amounts – bank guarantee + 3 months working capital for delivering services + GST of quarterly invoice (GST alone may be 20-50 lakhs each quarter) | As per corrigendum |