

RFP: Selection of an Agency for setting up and running healthcare centers in 20 locations across the State of Meghalaya to provide primary OPD services.

**Selection of Agency  
Request for Proposal**

**RFP No. : MBDA/RFP/2021-22/853**

**Services for:** Selection of an Agency for setting up and running healthcare centers in 20 locations across the State of Meghalaya to provide primary OPD services.

**Client:** Meghalaya Basin Development Authority (MBDA), Department of Planning, Government of Meghalaya

**Country:** India

**Issued on:** 16<sup>th</sup> December 2021

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### **Disclaimer**

The information contained in this Request for Proposal (RFP) Document is being provided to interested bidders on the terms and conditions set out in this Tender. The purpose of this Tender Document (**hereinafter called RFP: Request for Proposal**) is to provide interested parties with information that may be useful to them in making their pre-qualification, technical and financial offers pursuant to this RFP.

This RFP includes statements, which reflect various assumptions and assessments arrived at by Government of Meghalaya (GoM) in relation to the Project. Such assumptions, assessments and statements do not purport to contain all the information that each Bidder may require. Each Bidder should, therefore, conduct its own investigations and analysis and should check the accuracy, adequacy, correctness, reliability and completeness of the assumptions, assessments, statements and information contained in this RFP and obtain independent advice from appropriate sources.

The Bidders shall bear all costs associated with or relating to the preparation and submission of its Bid including but not limited to preparation, copying, postage, delivery fees, expenses associated with any demonstrations or presentations which may be required by the GoM or any other costs incurred in connection with or relating to its Bid. All such costs and expenses will remain with the Bidder and the GoM shall not be liable in any manner whatsoever for the same or for any other costs or other expenses incurred by a Bidder in preparation or submission of the Bid, regardless of the conduct or outcome of the Bidding Process.

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### SCHEDULE OF RFP

<b>Sl. No</b>	<b>Event Description</b>	<b>Particulars</b>
<b>1</b>	<b>Earnest Money Deposit</b>	INR 2,00,000.00 in the form of Demand Draft (DD)/ Bank Guarantee from Scheduled / Nationalized Bank but not from Gramin/Cooperative Bank. To be submitted with the Technical Bid. (inside sealed envelope of Technical Bid)
<b>2</b>	<b>Duration of Service</b>	The State will provide funding for <b>3 years</b> from the date of contract signing to cover operational expenses. Post the 3 years, the Agency is expected to continue operating the health centers without any financial support from the State. (details in Section C)
<b>3</b>	<b>Issue Date</b>	<b>16<sup>th</sup> December, 2021</b>
<b>4</b>	<b>Pre-Proposal Meeting Date</b>	<b>22<sup>nd</sup> December, 2021</b>
<b>5</b>	<b>Proposal Submission Date</b>	<b>14<sup>th</sup> January, 2022 at 15:00 Hrs</b>
<b>6</b>	<b>Proposal Opening Date</b>	<b>14<sup>th</sup> January, 2022 at 16:00 Hrs</b>
<b>7</b>	<b>Presentation of Proposal Date</b>	<b>To be Notified</b>

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**Letter of Invitation  
Non-Consulting Services**

**Name of the Assignment:** Selection of an Agency for setting up and running healthcare centers in 20 locations across the State of Meghalaya to provide primary OPD services.

**RFP Reference No:**

**Location:** Shillong, Meghalaya, India

**Date:** 16<sup>th</sup> December 2021

Dear Mr/Ms:

1. The Meghalaya Basin Development Authority (MBDA), Government of Meghalaya, invites sealed proposals to provide the following non-consulting services: “Selection of an Agency for setting up and running healthcare centers in 20 locations across the State of Meghalaya to provide primary OPD services”
2. The firm may associate with other firms in the form of a joint venture or a sub-agency to enhance their qualifications. The “Association” may take the form of a joint venture (with joint and several liability) or of a sub-agency, and this should be stated clearly in the submission.
  1. A consortium agreement, (if applicable) should be submitted.
3. A firm will be selected under Quality-cum-Cost Based Selection (QCBS) method (80% Technical and 20% Financial).
4. A Technical Proposal as well as a Financial Proposal are required to be submitted in separate inner envelopes.
5. Details on the proposal’s submission date, time and address are provided in Section B.
6. Further information can be obtained at the address below during office hours [10.00 AM – 5.00 PM]
7. Agencies are requested to visit [www.mbda.gov.in](http://www.mbda.gov.in) for any information on the tender. No agencies will be contacted directly.

Yours Sincerely

*Sd/-*

Shri Sampath Kumar, IAS  
Chief Executive Officer (CEO),  
Smart Village Movement Project,  
Meghalaya Basin Development Authority (MBDA),  
Meghalaya State Housing Financing Co-Operative Society Ltd.,  
Nongrim Hills Shillong, Meghalaya – 793003

## Section A – Context

### 1. Introduction to the Assignment

The healthcare delivery system in Meghalaya has come a long way in providing primary, preventive and curative health care with its three-tier system- primary health center catering a group of villages, secondary level health center located at district level, and civil hospitals constituting the tertiary level located in the relatively big cities.

In spite of nationally driven health programs under National Health Mission (NHM), access and fulfillment of healthcare needs for much of the population in rural areas is still inadequate. The biggest challenge is posed by the lack of medical human resources - doctors and specialists in rural areas, inadequate capacities of the doctors/ mid-level providers in the PHCs/HWCs and lack of organized continuum of care. There is also the problem of prescription and dispensing of drugs in rural areas close to the community. These challenges can be reasonably effectively addressed utilizing the information technology in delivering healthcare services.

Based on the study of various initiatives operational in States and by Ministry of Health and Family Welfare (MoHFW), this Government of Meghalaya aims to address the following problems:

- Non availability of Doctors / Specialist doctors at ground level
- High burden on District Hospitals and tertiary care facilities due to non-availability of services at primary level i.e., lack of gate-keeping.
- Lack of Health Record creation at Primary and Secondary level, and
- Lack of care continuum

To this purpose, the Smart Village Movement, in alliance with the Haas Business School of Business, University of California, Berkeley and in partnership with the Government of Meghalaya helped rationalize the solution to the aforementioned problems with respect to healthcare delivery in rural Meghalaya by partnering with an external Agency at the start of the current financial year.

The Agency deployed assisted telemedicine at a brick & mortar healthcare center in Sohra Rim, Laitkhroh Block, Meghalaya. The services provided besides assisted telemedicine, are affordable medicines, diagnostic tests, digital record keeping & tracking and outreach camps. The objective was to help bridge the rural-urban divide in medical facilities, extending low-cost consultation and diagnosis facilities to the remotest of areas. The value creation is built through outreach activities and regular health camps conducted at villages around and beyond the healthcare center. Patient information is stored in electronic health records, and the whole ecosystem is nurtured around a Health Information System.

The establishment of the healthcare center in Laitkroh Block is in sync with the larger vision of the Government and the State Health Policy, which is to encourage private entities to promote affordable market access and deliver services beyond cities, to rural areas as well. The business model is premised to solve the pain points of a patient's journey in rural Meghalaya by creating accessibility, availability, and affordability of healthcare services for the people of the region, in addition to the existing public health system.

The healthcare center was well-received by the citizens residing in the surrounding region, which is evidenced from the following table:

Data as on October 2021	
Daily average patient footfall at Sohra Rim healthcare center	15-18
Average patient footfall at health camps	35-45

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No. of health camps/week.	3-4
Average no. of tele consultations per month	500
Total number of tests as per diagnostic provision	105
Average monthly home delivery of medicines.	10
Villages without roads covered	8
Village with roads covered	19

The rates for medicines and diagnostic tests were provided at relatively affordable prices as compared to prices in the whole State.

Considering the success of the healthcare center at Sohra Rim under the Smart Village Movement, the State of Meghalaya aims to set up a parallel private healthcare network that runs with a viable operating model to support the existing public health system by providing basic OPD healthcare services. The main objective is to provide easy access and choice to residents to quality health care services in rural areas, accompanied by affordable medicines, thereby complimenting the Public Health System.

## 2. Objectives of the Assignment

- 1) To provide basic hassle free OPD health care services at the grass root levels by providing consultation to patients from a Registered Medical Practitioner (RMP) either physically or by leveraging the use of telemedicine.
- 2) To provide basis diagnostic services to patients by leveraging the latest medical equipment technology.
- 3) To track the health history of patients via HIPAA, HITECH and any other relevant law/ regulation complied digital tools for a more effective management of health records.
- 4) To cater to the underserved locations in the State by conducting extensive outreach camps within a minimum of 5 km radius from the health center.
- 5) To provide provision for sale of pharmaceutical drugs to all patients at affordable prices and eliminate overselling.
- 6) To provide last mile delivery of drugs directly to the homes of patients.
- 7) To provide a 24X7 helpline to patients for enquiries and follow up visits.

## 3. Expected outcomes from the assignment

- 1) Affordable and hassle-free primary health care to all citizens residing in Meghalaya, especially in the underserved rural areas.
- 2) Early diagnosis of potential serious diseases leading to reduction in IPD cases.
- 3) Less dependency on public health facilities and private hospitals.

**In this regard, the State of Meghalaya is committed to partner with an external agency in achieving the above objectives and consequently the desired outcomes. The State will provide the Agency with necessary funds to meet its operational expenses for 3 years for providing affordable primary healthcare services in 20 locations (which may be extended) in the State of Meghalaya, and in turn, the Agency is expected to utilize the 3 years in achieving economies of scale and post the 3 years, the Agency should be able to run the healthcare centers with a viable operating model independently without any financial assistance from the state.**

## Section B – Instruction to the Bidders

### 1. Evaluation Parameters:

- 1) The RFP will be scrutinized by the Special Tender Committee duly notified by the Government of Meghalaya.
- 2) The selection of the firm will be based on Quality-cum-Cost Based Selection (QCBS) criteria.
- 3) Firms that pass the Mandatory Eligibility criteria as per Section B, Part 2 will qualify for the Technical Evaluation. Firms that do not meet the Mandatory Eligibility criteria will be disqualified and will not be evaluated any further.
- 4) The eligible firms will be scored as per the Technical Qualifications stated in Section B, Part 3 by the Special Tender Committee. Only those firms whose technical proposals scored 75 and above will be qualified for opening of their respective Financial Proposal.
- 5) The Financial Proposals of the bidders, who are technically qualified, will be opened. The Financial Bid should contain the total cost of all services, proposed to be charged by the bidders including all the expenses and taxes. Formula to determine the scores for the Financial Proposals shall be as follows:
- 6) The lowest evaluated Financial Proposal (Fm) is given the maximum financial score (Sf) of 100.
- 7) The formula for determining the financial scores (Sf) of all other Proposals is calculated as following:  
$$Sf = 100 \times Fm / F$$
in which “Sf” is the financial score, “Fm” is the lowest price, and “F” the price of the proposal under consideration.
- 8) The weights given to the Technical (T) and Financial (P) Proposals are:  
T = 80%  
P = 20%  
Proposals are ranked according to their combined technical (St) and financial (Sf) scores using the weights (T = the weight given to the Technical Proposal; P = the weight given to the Financial Proposal; T + P = 1) as following:  
$$S = St \times T\% + Sf \times P\%$$
- 9) Ranking will be done based on the overall scores (S) of the firms. The highest ranked firm will be called for negotiations. Subsequently, the contract will be awarded to the firm based on mutual agreement during the negotiations.

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**2. Mandatory Eligibility criteria for interested Firm/Agency:**

S#	Criteria	Documents Required
1.	The firm (Company / Partnership/ JV) should be a legally registered firm having at least 5 years' experience in providing similar healthcare services.	<p><b><u>Partnership Firm:</u></b> Attested copy of the Partnership deed.</p> <p><b><u>Company</u></b> Attested copy of the Certificate of Incorporation registered with the GoI – Ministry of Corporate Affairs.</p> <p><b><u>Joint Venture</u></b></p> <ul style="list-style-type: none"> <li>• Prime participant must be legal entity registered in India as a company under the Company Act, 1956.</li> <li>• Maximum three members and one member as Lead Member.</li> <li>• The Prime participant would need to submit an agreement with the other members of consortium for the contract clearly indicating the division of work and their relationship.</li> <li>• The members of the Consortium together should meet the minimum financial criteria or turnover value.</li> </ul>
2	Valid PAN, TAN and GST	Copies of the same
3.	The firm must have a minimum of 5 years of experience in providing primary healthcare services including teleconsultation, telemedicine, pharmacy, diagnostic test. etc.	A table detailing all related working experience including Scope of Services, location, time period of operation, etc. Supporting documents: Work orders/ Agreements/ UAT Certificates/ MOUs/ Self Certification signed by bidder's Authorized Representative
4.	The firm should have an average annual turnover of at least INR 50 lakh in the last three financial years	Annual Financial Statements audited by a Chartered Accountant of last three FY – from 2017-18, 2018-19, 2019-20 to be enclosed; Any relevant supporting document. FY 2020-21 is preferred if available.
5.	The firm should not have unsatisfactory track record resulting in adverse action taken by Central/State Governments in India	Declaration to be given.
6	The platform to be used by the Firm for creation and maintenance of patient's Electronic Health Record (HER) should be compliant under privacy and security regulations of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Health Information Technology for Economic and Clinical Health Act of 2009 (HITECH Act)	Certifications required of the platform used: ISO/IEC 27001:2013 ISO/IEC 27017:2015 MU3 Certification Or any other relevant document/ certification that supports the criteria.



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- 3. Technical Evaluation: Firms meeting the above eligibility criteria will be shortlisted and their technical proposals will be further evaluated based on the following qualifications. Firms scoring 75 and above will qualify further for the opening of respective Financial Proposals.**

Sl.	Evaluation Criteria	Marks allocated
<b>1.</b>	<b><i>The firm should be in health care business for the last four years*. (Maximum Marks- 10)</i></b>	
	1.1 Four (4) years of business	5
	1.2 Above 4 years: 02 marks + additional 1 mark for each additional year of business to a maximum of 10 marks	5
	<b>Sub Total:</b>	<b>10</b>
<b>2.</b>	<b><i>Average annual Turnover in last three financial years (Maximum Marks -10)</i></b>	
	2.1 Average Annual Turnover of INR 50 Lakh in over a period of last three financial years	5
	2.2 Above INR 50 Lakh: 02 marks + additional 01 mark for each additional 10 Lakh above 50 lakhs to a maximum of 5 marks	5
	<b>Sub Total:</b>	<b>10</b>
<b>3.</b>	<b><i>Firms' experience in operating primary healthcare centers under (Maximum Marks – 15)</i></b>	
	3.1 Pan India other than Northeast	5
	3.2 North East other than Meghalaya	5
	3.3 Meghalaya	5
	<b>Sub Total:</b>	<b>15</b>
<b>4.</b>	<b><i>Working experience in telemedicine (Maximum Marks – 15)</i></b>	
	4.1 Consultation by MBBS doctors	5
	4.2 Consultation by Ayurvedic doctors	5
	4.3 Usage of compliant software with E-prescription module	5
	<b>Sub Total:</b>	<b>15</b>
<b>5.</b>	<b><i>Presentation to be made by the firm on its proposal (Maximum Marks - 50)</i></b>	
	<b>Sub Total:</b>	<b>50</b>
	<b>GRAND TOTAL</b>	<b>100</b>

**Minimum passing marks: 75**

**4. Submission of Proposals:**

- 1) Scanned copy of technical proposal submission form as per the format in Annexure I.
- 2) The technical proposal consisting of information and documents on eligibility criteria as per the format given in Annexure II
- 3) Clear attested photocopies of all related documents of the firm as per the eligibility criteria.
- 4) Fin-1 and Fin-2 forms duly filled and signed as per format in Annexure III and IV respectively.
- 5) Proposals should be valid for a period of not less than one hundred and twenty (120) days from the date of submission of proposals.
- 6) Sealed proposals containing all relevant documents as mentioned in section B part 2 are required to be submitted for the above-mentioned assignment. The Bidders must submit one 'Original' and 'One Copy' each of the technical proposal and financial proposal in separate envelopes. Both envelopes to be sealed in an outer envelope and clearly marked "Selection of an Agency for setting up and running healthcare centers in 20 locations across the State of Meghalaya to provide primary OPD services."
- 7) Earnest Money Deposit (refundable), in the form of a Demand Draft/Pay Order/ Bank Guarantee from a Nationalized Bank/Scheduled Indian Bank (as RBI scheduled) but not Cooperative/Gramin Bank of INR 2,00,000 (Rupees Two Lakhs only) in favor of Meghalaya Basin Development Authority (MBDA); should reach the office of the under signed on or before 14<sup>th</sup> January 2022 at 15:00 Hrs. The EMD to be included inside the

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envelope of the Technical Proposal. EMD of the unsuccessful applicants shall be released after the process on empanelment is finalized.

- 8) The proposals will be opened on 14<sup>th</sup> January 2022 at 16:00 Hrs in the presence of the Bidders or their authorized representatives who wish to attend. In case of any holiday suddenly declared by the competent authority or due to unavoidable reasons, the next working day shall be treated for the opening of the proposals. No e-mail will be entertained for submission of Proposals in this regard.
- 9) The envelope containing the proposal shall be addressed to the Shri Sampath Kumar, IAS, Chief Executive Officer (CEO), Meghalaya Basin Development Authority (MBDA), Meghalaya State Housing Financing Co-Operative Society Ltd., Nongrim Hills Shillong, Meghalaya – 793003.
- 10) The Bidder or any person authorized by him/her should affix his/her full address on left bottom corner of all the documents except EMD and also on the envelope containing such documents.
- 11) The envelope containing the proposals shall reach the office of the Shri Sampath Kumar, IAS, Chief Executive Officer (CEO), Meghalaya Basin Development Authority (MBDA), Meghalaya State Housing Financing Co-Operative Society Ltd., Nongrim Hills Shillong, Meghalaya – 793003 on or before the due date and time prescribed herein. In no case proposals received after due date and time shall be accepted by MBDA. All proposals received after the due date and time shall be returned to the respective Bidders without opening the same.
- 12) The CEO, MBDA reserves the right to reject proposal even after opening of technical proposal without assigning any reason thereof. Further the proposal can be rejected due to delay in submission of documents sought for or if the Bidder was defaulter already in the previous transaction of any Government Supplies.
- 13) The successful Bidder/ Bidders shall not assign or transfer this contract or any part of it to other agencies.
- 14) CVs of all Medical Professionals and operations staff onboarded by the Firm may be submitted to the Client within 24 hours of request.
- 15) The Financial Proposal shall be submitted in Indian Rupees
- 16) Payments under the Contract shall be made in Indian Rupees
- 17) The CEO, MBDA, reserves the rights to cancel / revise / postpone the procurement process without assigning any reasons thereof.

### Section C – Terms of Reference

#### 1. Scope of Work

1) Services to be provided by the Agency are bifurcated into Tables 1 and 2:

**Table 1: Healthcare Services to be provided by the Agency**

Sl. No.	Particulars	Requirements / Standards
1	<b>Consultation services (Free)</b>	<ol style="list-style-type: none"> <li>OPD services for six days a week.</li> <li>Providing first level consultation to patients facilitated by the health centers.</li> <li>e-prescribe drugs from the approved list of drugs as per the Guidelines provided by the Ministry of Health and Family Welfare, Govt. of India</li> <li>Create Online Clinical Report for Specialist/Super-Specialists during further referral</li> <li>Creation and maintenance of Electronic Health Record (HER) at health center level</li> <li>Basic First Aid Services</li> <li>Specialty Consultation via Telemedicine/ Teleconsultation.</li> <li>Care for acute simple illnesses and minor ailments.</li> <li>Screening, and Management of Non-Communicable diseases including promotion of healthy life style within a minimum of 5 km radius.</li> <li>Care for Common Ophthalmic and ENT problems.</li> <li>Screening and Basic management of Mental Health ailments.</li> </ol>
2	<b>Diagnostic Services (Chargeable)</b>	<p>Diagnostic tests including but not limited to:</p> <ol style="list-style-type: none"> <li>Vitals - Height, Weight, BMI, Blood Pressure, 12 Lead ECG, Pulse Oximetry, Temperature.</li> <li>Biochemistry &amp; Hematology - Glucose, Hemoglobin, Cholesterol, Uric Acid.</li> <li>Infectious Diseases - COVID – 19 (antibody), Malaria, Dengue, Chikungunya, Typhoid, Syphilis, HIV, HepB, HepC, Leptospirosis.</li> <li>Cardiac &amp; Inflammation Markers - Cardiac &amp; Inflammation Markers – Troponin I, D-Dimer, C-Reactive Protein and Procalcitonin.</li> <li>Urine Parameters - Protein, Sugar, Pregnancy.</li> <li>Any other diagnostic tests that may be required.</li> <li>Tie-up with reputed labs for diagnostic tests not available at the health center level.</li> </ol>
3	<b>Pharmaceutical Services (Chargeable)</b>	<ol style="list-style-type: none"> <li>Pharmacy services for six days a week.</li> <li>All essential drugs to be made available.</li> <li>Tie-up with pharmacies in the vicinity to reduce stockout.</li> <li>All drugs to be made available at an affordable rate.</li> </ol>
4	<b>Last-mile Services (Free)</b>	<ol style="list-style-type: none"> <li>Organizing outreach camps to various villages in the vicinity of the healthcare center (within a minimum of 5 kms radius)</li> <li>Providing medicines during the outreach camps.</li> <li>Providing last mile delivery of medicines for patients in need.</li> </ol>

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**Table 2: IT-related Services to be provided by the Agency**

Sl. No.	Particulars	Requirements / Standards
1	Creation and maintenance of Electronic Health Record of each patient	1. Digital tool (including an App) for maintaining Electronic Health Record of each patient 2. All associated IT requirements like servers, laptops, tablets, etc.
2	24X7 Integrated Helpline Service	24X7 Helpline (Telephone No) for patients to enquire about services, book follow up appointments and for delivery of drugs.

2) **HR and staffing to be provided by the Agency** are bifurcated into Tables 1 and 2:

**Table 1: Registered Medical Practitioners required for 20 locations via Telemedicine**

Sl. No.	Post	Number of Practitioners required	Requirement
1	MBBS doctor	3	Should be a Registered Medical Practitioner (RMP) under the relevant Council
2	AUYUSH doctor	1	Should be registered with the relevant State or Central Council
	<b>Total</b>	<b>4*</b>	

**Note to Firms:** \*Initially, the number of doctors for 20 locations will be a minimum of 4 as per the above table. However, as the demand increases, the firm is expected to meet the same by increasing the number of medical professionals. The Firm will be reimbursed on actuals as per the number of medical professionals providing the required services on a monthly basis as detailed in the next part "Financial Terms".

**Table 2: Staff required on ground for each location (health center)**

Sl. No.	Post	Number of staff required	Requirement
1	Manager	1	Knowledge of local language is a must.
2	Staff Nurse/ ANMs	2	Should be registered with the Nursing Council. Knowledge of local language is a must.
3	Pharmacist	1	Should be qualified B. Pharm/M. Pharm with all applicable licenses. Knowledge of local language is must.
4	Support Staff	1	Knowledge of local language is a must.
5	Delivery person	1	Knowledge of local language is a must.
	<b>Total</b>	<b>6</b>	

**Table 3: MBBS doctors required to be stationed in each location (health center)**

Sl. No.	Post	Number of staff required	Requirement
1	MBBS doctors	20	Should be a Registered Medical Practitioner (RMP) under the relevant Council.
	<b>Total</b>	<b>20</b>	

**Note to Firms:** As per Table 3, the State is aware the hiring 20 doctors to provide health care services physically in rural Meghalaya may be difficult. In this regard, the Firm is expected to onboard as many MBBS doctors as possible and the State will reimburse the firm for all doctors that join the health centers. The details are mentioned in the next part "Financial Terms".

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## 2. Financial Terms

1) The Government of Meghalaya will fund the firm in two parts:

**PART A:** Lumpsum Amount for monthly Operational Expenses that may be utilized for the following items:

S. No.	Expense Item	Reference/ time period
1	Salary of on-ground Staff	As per Section C, Part 1.2) Table 2 per month
2	Rent for building (inclusive of electricity)	Per month
3	Renting of Diagnostic Equipment and related consumables	Per month
4	Renting of furniture	Per month
5	Licensing of compliant telemedicine platform, renting of server, IT Equipment (computers in from of desktops, laptops or tablets)	Per month
6	Travel expenses for conduct of programs and last mile delivery	Per month
	<b>TOTAL</b>	Lumpsum Monthly Operational Expenditure

**PART B:** Reimbursable for monthly remuneration of MBBS doctors posted in the health center

S. No.	Expense Item	Reference
1	Consultation Fees of Registered Medical Professionals (Specialists)	On need basis and availability. Per month.
2	Consultation Fees of Registered Medical Professionals (MBBS)	As per Section C, Part 1.2) Table 1 per month
3	Consultation Fees of Registered AYUSH Doctors	As per Section C, Part 1.2) Table 1 per month
4	Remuneration of MBBS doctors to be stationed at the health center.	As per Section C, Part 1.2) Table 3 per month

- 2) Part A will be paid to the firm on a lumpsum basis every month.
- 3) **Part B is remuneration based on actual time sheets to be submitted by the firm. The rates for each position as mentioned in Section C, Part 1.2) Tables 1 and 3 will be quoted by the firms per person per month. The rates (per person per month) quoted will be same for all medical professionals onboarded by the firm for the assignment. The number of Medical Professionals may increase or decrease based on season/ demand/ etc. Hence, a number cannot be fixed. For example, if 6 doctors are providing the required services in a particular month, then the firm will provide time sheets for each of the 6 doctors and the payment will be made by the State based on the rates quoted by the firm as per the table above.**
- 4) Formats provided in Annexures III and IV need to be adhered to for submission of the Financial Proposal.
- 5) An advance payment of three (3) months OPEX may be made as and when the locations have been identified by the Government.

## 3. Duration of Contract

- 1) The State of Meghalaya intends to provide support in the form of OPEX funding for a period of 3 year from the start of services of each health center.
- 2) The Agency is expected to use the 3 years to achieve economies of scale and post the 3 years, the Agency should be able to run the healthcare centers with a viable operating model independently without any financial assistance from the state.

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#### 4. Tentative Timeline of the Assignment

Milestone	Deadline	Details
Award of Contract	25 <sup>th</sup> January 2022	Contract signing between selected firm and Government of Meghalaya to be completed on or before the mentioned date
Identification of Locations by State Government	28 <sup>th</sup> February 2022	As soon as the location is identified, the firm should start the mobilization of resources.
Mobilization by the Firm (Hiring, setting up of health centers, etc.)	31 <sup>st</sup> May 2022	As soon as a location is ready for operations, the health center should start operations
Start date for all locations	1 <sup>st</sup> June 2022	All locations should be fully operational

**Technical Proposal Submission Form**

To: [Name and address of Client]

Dear Sirs:

We, the undersigned, offer to provide the required services for [Insert title of assignment] in accordance with your Request for Proposals (RFP) dated [Insert Date] and our Proposal. We are hereby submitting our Proposal, which includes this Technical Proposal and a Financial Proposal sealed in a separate envelope.

{If the Consultant is a joint venture, insert the following: We are submitting our Proposal a joint venture with: {Insert a list with full name and the legal address of each member, and indicate the lead member}. We have attached a copy {insert: “of our letter of intent to form a joint venture” or, if a JV is already formed, “of the JV agreement”} signed by every participating member, which details the likely legal structure of and the confirmation of joint and severable liability of the members of the said joint venture.

{OR

If the Consultant’s Proposal includes Sub-consultants, insert the following: We are submitting our Proposal with the following firms as Sub-consultants: {Insert a list with full name and address of each Sub-consultant.}

We hereby declare that:

- a. All the information and statements made in this Proposal are true and we accept that any misinterpretation or misrepresentation contained in this Proposal may lead to our disqualification by the Client.
- b. Our Proposal shall be valid and remain binding upon us until [insert day, month and year in accordance with Section B, Part 4, Point 4].
- c. We have no conflict of interest in relation to the assignment.
- d. We meet the eligibility requirements Section B Part 4.
- e. We, along with any of our sub-consultants, subcontractors, suppliers, or service providers for any part of the contract, are not subject to, and not controlled by any entity or individual that is subject to, a temporary suspension or a debarment imposed by the any Government entity.
- f. In competing for (and, if the award is made to us, in executing) the Contract, we undertake to observe the laws against fraud and corruption, including bribery, in force in India.
- g. We undertake to negotiate a Contract on the basis of the proposed terms.
- h. Our Proposal is binding upon us and subject to any modifications resulting from the Contract negotiations.

Yours sincerely,

We undertake, if our Proposal is accepted and the Contract is signed, to initiate the Services related to the assignment as per the timeline indicated in the RFP document.

We understand that the Client is not bound to accept any Proposal that the Client receives.

RFP: Selection of an Agency for setting up and running healthcare centers in 20 locations across the State of Meghalaya to provide primary OPD services.

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Signature (of Consultant's authorized representative) {In full and initials}:

Full name: {insert full name of authorized representative}

Title: {insert title/position of authorized representative}

Name of Consultant (company's name or JV's name):

Capacity: {insert the person's capacity to sign for the Consultant}

Address: {insert the authorized representative's address}

Phone/fax: {insert the authorized representative's phone and fax number, if applicable}

Email: {insert the authorized representative's email address}



**Submission Requirements:**

<b>A. Agency's Profile</b>	
<b>Organizational</b>	<b>Name of the Organization:</b>
	<b>Postal Address:</b>
	<b>Telephone / Mobile no.</b>
	<b>Fax/ E-mail/ Website:</b>
	<b>Contact Person name and designation with contact details:</b>
	<b>Date of establishment (DD/MM/YY):</b>
	<b>Date and place of Registration:</b>
	<b>Registration No (Copy to be enclosed):</b>
	<b>Location of Head office:</b>
	<b>Details of Branches if any:</b>
	<b>Provide a brief description of the background of organization: (2 pages max)</b>
	<b>Does the agency have an office in Meghalaya (Yes/No)? :</b>
<b>Any other information which the agency wants to add:</b>	
<b>B. ELIGIBILITY CRITERIA</b>	
<b>Criteria</b>	<b>Documents to be submitted</b>
The firm (Company / Partnership/ JV) should be a legally registered firm having at least 5 years' experience in providing similar healthcare services.	<b>Partnership Firm:</b> Attested copy of the Partnership deed.
	<b>Company</b> Attested copy of the Certificate of Incorporation registered with the GoI – Ministry of Corporate Affairs.
	<b>Joint Venture</b>
	<ul style="list-style-type: none"> <li>• Prime participant must be legal entity registered in India as a company under the Company Act, 1956.</li> <li>• Maximum three members and one member as Lead Member.</li> <li>• The Prime participant would need to submit an agreement with the other members of consortium for the contract clearly indicating the division of work and their relationship.</li> <li>• The members of the Consortium together should meet the minimum financial criteria or turnover value.</li> </ul>
Valid PAN, TAN and GST	Attested Copies of the same
The firm must have a minimum of 5 years of experience in providing primary healthcare services including teleconsultation, telemedicine, pharmacy, diagnostic test. etc.	A table detailing all related working experience including Scope of Services, location, time period of operation, etc. Supporting documents: Work orders/ Agreements/ UAT Certificates/ MOUs/ Self Certification signed by bidder's Authorized Representative
The firm should have an average annual turnover of at least INR 50 lakh in the last three financial years	Annual Financial Statements audited by a Chartered Accountant of last three FY – from 2017-18, 2018-19, 2019-20 to be enclosed. FY 2020-21 is preferred if available.
The firm should not have unsatisfactory track record resulting in adverse action taken by Central/State Governments in India	Declaration to be given.
The platform to be used by the Firm for creation and maintenance of patient's Electronic Health Record (HER) should be compliant under privacy and security regulations of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Health Information Technology for Economic and Clinical Health Act of 2009 (HITECH Act)	Certifications required of the platform used: ISO/IEC 27001:2013 ISO/IEC 27017:2015 MU3 Certification Or any other relevant document/ certification that supports the criteria.
<b>All required documents need to be attached as per the sequence of this format.</b>	

**Firm's Name:**

**Signature of the authorized representative on all pages.**

**FIN 1  
FINANCIAL PROPOSAL SUBMISSION**

{Location, Date}

To: [Name and address of Client]

Dear Sirs:

We, the undersigned, offer to provide the services for [Insert title of assignment] in accordance with your Request for Proposal dated [Insert Date] and our Technical Proposal.

Our attached Financial Proposal is for the amount of:

Amount for Operational Expenses - Rs. \_\_\_\_\_ per month per location (health center) {Insert amount in words and figures}, [Insert "including" or "excluding"] of all indirect local taxes}.

The estimated amount of local indirect taxes is : Rs. \_\_\_\_\_ {Insert amount in words and figures} which shall be confirmed or adjusted, if needed, during negotiations. {Please note that all amounts shall be the same as in Form FIN-2}.

Our Financial Proposal shall be valid and remain binding upon us, subject to the modifications resulting from Contract negotiations, for the period of time specified in Section B, Part 4, Point 4.

We understand you are not bound to accept any Proposal you receive.

We remain,

Yours sincerely,

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Signature (of Consultant's authorized representative) {In full and initials}:

Full name: {insert full name of authorized representative}

Title: {insert title/position of authorized representative}

Name of Consultant (company's name or JV's name):

Capacity: {insert the person's capacity to sign for the Consultant}

Address: {insert the authorized representative's address}

Phone/fax: {insert the authorized representative's phone and fax number, if applicable}

Email: {insert the authorized representative's email address} \_\_\_\_\_

{For a joint venture, either all members shall sign or only the lead member/consultant, in which case the power of attorney to sign on behalf of all members shall be attached}

**FIN 2  
BREAKDOWN OF COSTS**

**Amount for Operational Expenses (Monthly)**

Item	Cost	Location Wise
	In Indian Rupees (Rs.)	
	Per month	
<b>Breakdown Cost of the Financial Proposal:</b>		
1) Salary of on-ground Staff		Per location
2) Rent for building (inclusive of electricity)		Per location
3) Renting of Diagnostic Equipment and related		Per location
4) Renting of furniture		Per location
5) Licensing of compliant telemedicine platform, renting of server, IT Equipment (computers in		Per location
6) Travel expenses for conduct of programs and last mile delivery		Per location
7) Consultation Fees of Registered Medical Professionals - telemedicine (Specialists)		Per person
8) Consultation Fees of Registered Medical Professionals - telemedicine (MBBS)		Per person
9) Consultation Fees of Registered AYUSH Doctors - telemedicine		Per person
10) Remuneration of MBBS doctors to be stationed at the health center.		Per person
<b><u>Total Cost of the Financial Proposal: (B)</u></b> {Should match the amount in Form FIN-1 }		Per location / per person (Sum of items 1) to 10))
<b>Indirect Local Tax Estimates – to be discussed and finalized at the negotiations if the Contract is awarded</b>		
<u>Total Estimate for GST: (T)</u>		Pertaining to (B)
<b><u>Total Cost of Financial Proposal including GST</u></b>		(B)+(T)

Note to Firms: (1) The amount quoted above will be the same for all 20 locations and (2) The amounts be quoted as per Section C. (3) Items 7), 8), 9) and 10) will be reimbursed as per actual time sheets of the professionals onboarded.