



STATE NODAL CELL – ATAL AMRIT ABHIYAN

NATIONAL HEALTH MISSION - ASSAM, SAIKIA COMMERCIAL COMPLEX, SHRINAGAR PATH, GS ROAD, GUWAHATI  
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No: NHM/SNC-AAA/ISA/2962/2016-17/8858

Date: 21/10/2016

**CORRIGENDUM No.1**

**e-TENDER FOR HIRING AN IMPLEMENTATION SUPPORT AGENCY FOR PROVIDING SUPPORT SERVICES FOR IMPLEMENTATION OF “ATAL AMRIT ABHIYAN” OF GOVT. OF ASSAM”**

This has reference to the e-tender No **NHM/PROC/SNC-AAA/2962/2016-17/7968** Date: 05/10/2016 for selection of the Successful Bidder to provide support in implementation of the project “Atal Amrit Abhiyan” of Government of Assam. The following clarifications/amendments may be taken note of prior to submission of Bids.

**1. Clause 3.12 (Page No:22) : Appointment of Sub-Agency is amended as below:**

**Appointment of Sub-Agency:** The Service Agency may subcontract certain activities related to scope of work of the Service Agency under this Project. The activities proposed to be subcontracted by the Bidder shall be indicated in the Technical Proposal, with sufficient justification. It is clarified that Bidder shall be the sole responsible party for all activities in the scope of work of the project – sub-contracted or otherwise, and will be held liable by State Nodal Cell for all aspects of the project. The Back-up and Disaster Recovery services shall be outsourced with the prior approval of State Nodal Cell **and reasonable cost thereof will be reimbursed on actual basis.**

**2. Clause 4.5.1 (Page No 23): Removal and/or Replacement of Personnel is amended as below:**

Except as the State Nodal Cell may otherwise agree, no changes shall be made in the Key Personnel. If, for any reason beyond the reasonable control of the Service Agency, it becomes necessary to replace any of the personnel, the Service Agency shall forthwith provide as a replacement a person of equivalent or better qualifications. The upper limit of substitution on account of various reasons including on health ground should normally not exceed **25%** of the total key personnel **on yearly basis** as approved as per clause 4.3.

**3. Clause No. 4.6.1(Page No 24) is amended to read as below:**

Establishment of Regional Office at the Regional Headquarters is deleted from the scope of work.

**4. Clause No: 6.1.1 (Page No 25) is amended to read as below:**

The State Nodal Cell will pay the Service Charges to the Service Agency directly in 12 (twelve) quarterly installments of the total service charges due commencing January 2017 contingent on the Agency commencing enrollment from January 2017 or any date which will be confirmed by the SNC before payment commences.

5. **Clause 8.2 C (Financial Proposal) (Page No 5) is amended to read as below:**

The Bidder is expected to quote the rates for all the components separately as per the format provided in **Appendix-H**. However, the Financial Proposal shall be evaluated as a whole.

- a. The Financial bid shall be submitted online on the website only on <http://www.assamtenders.gov.in>
- b. The online bids must be submitted on or before the time stipulated in e-tender notice at the website <http://www.assamtenders.gov.in>
- c. No hard copy of the Financial Bid shall be submitted.
- d. **In no cases, rates shall be quoted anywhere in the technical bid (both in hard and soft copy) except in online Financial Bid. Bids not conforming to this provision shall be rejected.**
- e. **Whenever unit rate is quoted and if there is any error in calculating the total value, the unit rate quoted shall be taken into consideration for calculating the correct value.**

6. **Clause 9.8: Eligible Health Services Providers (Page No: 30) is amended to read as below:**

All the public, private, trust and grant-in-aid hospitals which provide hospitalization and/or daycare services would be eligible for empanelment/inclusion under the scheme, subject to such requirements for empanelment as agreed between the State Nodal Cell and the Implementation Support Agency (ISA). Hospitals will be selected both within and outside states; the cities that will be considered for treatment outside the state are: Kolkata, Delhi, Bengaluru, Chennai, Mumbai (initially only for Cancer treatment) or any other city as decided by SNC. The patients will be sent outside the state only in cases where the required procedure is not available or there is no capacity; further the selection of the hospital and city will be based on cost benefit.

7. **Clause 10.17: Card Re-issuance (Page No.45) is amended to read as below:**

Card Re-Issuance can only be done for case mentioned below:

- a) The card is reported as lost or missing through any of the authorized channels, or, the card is damaged.
- b) In these cases, the lost/damaged card shall be hot-listed by the appointed agency.
- c) The existing data of the beneficiary – including photograph, fingerprint and transaction details – shall be pulled up from the CDS, verified by the beneficiary and validated using the beneficiary fingerprints.

- d) The new Card shall be issued to the individual with updated records and appropriate authentication on the spot.
- e) Card should be personalized with details of beneficiary.
- f) In case of loss of enrollment card, new card would be issued and beneficiary will be charged Rs 20.00 per re-issued card.

**8 Clause 10.4.2 (Page No 39) is amended to be read as below:**

Supply, print and distribute individual card having unique identification number on the spot and carry out correction/reissue of cards as per requirement. The specification of the enrollment card is given in the table hereunder:

Item	Requirement
Card Types	All PVC, Composite PVC cards,PET,ABS1 and special varnished 1 cards
Card Format	ISO CR-80-ISO 7810( 53.98 mm x 85.60 mm-3.375"x 2.125") ISO CR-79 ( 52,10 mm x 83,90 mm-3.303"X2.051")
Card Thickness	From 0.25 mm(10 mil) to 1 mm (40 mil)

**9 Clause 9.14.2 (Page 33) is amended to read as below:**

The ISA will offer a suitable compensation package (not less than applicable minimum wages for skilled personnel) to ensure availability and retention of best talent. The consolidated service charges for the Arogya Mitras should including incidental expenses like traveling and all statutory benefits like PF etc. The ISA will provide mobile handsets and pay monthly service charges for CUG connections to Arogya Mitras and District Coordinators. The work of the Arogya Mitras will be monitored on a daily basis by the District Coordinators of the ISA. For out of state representatives, a formal feedback mechanism will be available for all beneficiaries to log in complaints on services rendered by Arogya Mitra or any other representative of the ISA.

**10 Appendix –C (Page 55)**

**Following clarification is given:**

Court Fee Stamp of Rs 8.25 or IPO of Rs 10.00 in favour of "State Health Society, Assam" payable at Guwahati should be affixed.

- 11** It is clarified that publicity in mass media (Print and Electronic) will be done by the ISA after obtaining approval of the SNC and the cost incurred will be reimbursed at actuals on submission of valid bills and requisite evidence.

12 **Appendix-H containing Financial Sheet-1, Financial Sheet-2, Financial Sheet-3 (Page No 64, 65 & 66) is amended to read as follows.**

**Appendix-H (Revised)**  
**Financial Sheet-1**

**(To be uploaded as pdf document in the financial folder)**

1	2	3	4
Sl. No	Item Description	LUMP SUM AMOUNT In Figures to be entered by the Bidder for 36 months excluding all the taxes in Rs.	TOTAL AMOUNT in Words
1.01	Selection & empanelment of Network Hospitals (Lump sum amount to be inserted in Column 3)		
1.02	Review and preparation of various formats used for cashless transactions, discharge summary, billing pattern and other reports in consultation with the SNC including updation of format (Lump sum amount to be inserted in Column 3)		
1.03	IT platform and Facilitation of proper networking for quick and error-free processing of pre-authorization (Lump sum amount to be inserted in Column 3)		
1.04	Processing of pre-authorization requests related to the scheme. Scrutiny and approval of preauthorization requests if all the conditions are fulfilled, within 24 hours of receiving the preauthorization requests from the network hospital (Lump sum amount to be inserted in Column 3)		
1.05	To arrange cashless treatment of the beneficiaries in the network hospital under the defined benefit package (Lump sum		

1	2	3	4
Sl. No	Item Description	LUMP SUM AMOUNT In Figures to be entered by the Bidder for 36 months excluding all the taxes in Rs.	TOTAL AMOUNT in Words
	amount to be inserted in Column 3)		
1.06	Scrutinize the bills from the network hospitals(i.e. ensuring charges are as per the package rates) and give approval for the sanction of the bill and forward it to the State Nodal Cell for payment within 15 days of receipt of the bills from the network hospitals (Lump sum amount to be inserted in Column 3)		
1.07	To provide adequate manpower, so as to ensure free flow of daily MIS and ensure that progress of scheme is reported to State Nodal Cell in the desired format on a real-time basis (Lump sum amount to be inserted in Column 3)		
1.08	To ensure, support and monitor that each of the Network Hospitals organizes Health Camps assigned by the State Nodal Cell.(Lump sum amount to be inserted in Column 3)		
<b>Grand Total</b>			

**Note: Taxes shall be extra as applicable from time to time as per law. The type of Tax applicable and rate of Tax should be mentioned as below:**

**1. Type of Tax :-**

**2. Rate of Tax :-**

**SIGNATURE :**

**NAME & DESIGNATION :**

**DATE :**

**NAME & ADDRESS OF THE FIRM :**

**Appendix-H**  
**Financial Sheet-2**

(To be uploaded as pdf document in the financial folder)

1	2	3	4	5=4X36 months	6=3x5	7
Sl. No.	Item Description	Quantity	BASIC RATE In Figures To be entered by the Bidder excluding all the taxes in Rs.	TOTAL AMOUNT Without Taxes for 36 months	TOTAL AMOUNT Without Taxes in Rs.	TOTAL AMOUNT In Words
1	District coordinators (1 per district) for monitoring and supervision of Arogya Mitra and organization of the Health Camps in 27 districts.(Unit rate per District coordinator month to be inserted in Column 4)	27				
2	District level internal auditors (a team of specialists with relevant specializations) for conducting concurrent audits of services delivered by Network Hospitals.(Unit rate per month to be inserted in Column 4)	27				
3	District level auditors (a team of specialists with relevant specializations) for auditing quality of service provided to the beneficiaries (Unit rate per month to be inserted in Column 4)	27				
4	District level auditors to audit at least once a year, the medical facilities available in the Network Hospitals.(Unit rate per month to be inserted in Column 4)	27				
5	To select, train and deploy 50 numbers of Arogya Mitra (Unit rate per month to be inserted in Column 4)	50				
6	Provide Mobile handsets and pay monthly service charges for CUG connections to 50 numbers of Arogya Mitra and 27 District Coordinators(Unit rate per month to be inserted in Column 4)	77				

1	2	3	4	5=4X36 months	6=3x5	7
Sl. No.	Item Description	Quantity	BASIC RATE In Figures To be entered by the Bidder excluding all the taxes in Rs.	TOTAL AMOUNT Without Taxes for 36 months	TOTAL AMOUNT Without Taxes in Rs.	TOTAL AMOUNT In Words
7	To ensure proper publicity in every district (Unit rate per month to be inserted in Column 4)	27				
8	One training programme per quarter on Health Insurance Administration and claims processing, for approx 15-20 professional staff.(Unit rate per month to be inserted in Column 4)	108				
9	Training programme including refresher trainings for Empanelled Hospitals once in each quarter.(Unit rate per month to be inserted in Column 4)	108				
<b>Total Amount</b>						

**Note: Taxes shall be extra as applicable from time to time as per law. The type of Tax applicable and rate of Tax should be mentioned as below:**

1. Type of Tax :-
2. Rate of Tax :-

**SIGNATURE** :

**NAME & DESIGNATION** :

**DATE** :

**NAME & ADDRESS OF THE FIRM** :

**Appendix-H**  
**Financial Sheet-3**

(To be uploaded as pdf document in the financial folder)

1	2	3	4	5=3X4	6
Sl. No.	Item Description	Quantity	BASIC RATE In Figures to be entered by the Bidder excluding all the taxes in Rs.	TOTAL AMOUNT exclusive of all taxes	TOTAL AMOUNT In Words
1	Unit Rate for support services at District Kiosks (Rs per DKE per month to be inserted in Column 4)	324			
1	Unit Rate for Issuance of Card at Mobile Kiosks (Issuance of Cards at Village level by Mobile Kiosks)[Rs per card to be inserted in Column 4]	1			
<b>Total Amount</b>					

**Note: Taxes shall be extra as applicable from time to time as per law. The type of Tax applicable and rate of Tax should be mentioned as below:**

**1. Type of Tax :-**

**2. Rate of Tax :-**

1. The revenue model of enrollment inclusive of all activities including new enrollment, modification, duplicate card, add-on cards as well as card management (including cost of cards and printing) at District Kiosks shall be for services per month at each District Centre.
2. The revenue model of new enrollment activities shall be on per card basis (inclusive of cost of cards and printing) for Mobile Kiosks. Considering that Mobile Kiosks will be used for a limited period, only the unit rate for issuance of Card at Mobile Kiosk is to be quoted.
3. Cost shall be considered for all activities of the enrollment process as per scope of work in this RFB.
4. The quantities mentioned are tentative and approximate. The quantity mentioned may vary.
5. **There are no minimum payments guaranteed by SNC. Only for those valid enrollments and modifications the payment shall be done.**

SIGNATURE :

NAME & DESIGNATION :

NAME & ADDRESS OF THE FIRM:



**13** The start and end date of bid submission shall remain same as 27/10/2016 from 3:00 PM & 02/11/2016 up to 2:00 PM respectively.

All other terms and conditions of the tender referred to above shall remain unchanged.

**Sd/-**

**Mission Director, NHM, Assam**