Response for the Pre-bid queries received for
RFP for Selection of Managed Service Provider for
Bihar State Health System Digitization


Date – 15 February 2022

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
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| 1 | 28 | 3.1.14. Queue Management System | Queue management component will manage patient queue of registration, billing, OPD, Pharmacy, laboratory and radiology with easy token generation process. This component will serve patients on a first come first serve basis. Display units will be configured department wise / central screen as per requirement also screens will be shown patient UHID, name and destination location easily readable fashion. | Need to know if Queue management is an integrated system between departments or individual standalone. | Need to understand so that the proposed solution can be provided. | Queue Management System will be an integrated system |
| 2 | 29 | 3.1.18. Diet Management | HIMS Diet management module should provide assistance to Hospital Kitchen in providing meals to inpatients as per instructions from Dietician. This module should facilitate Dietician to prescribe a diet as instructed by the physician to any given patient. This module should allow the maintenance of meal scheduling, customizing meals as per patient meals and recording of individual meal orders. Diet management module should allow the user to create the | should the Diet orders be linked to Kitchen ? Will the patient orders directly reflect in the kitchen to the chef ? | Need to understand so that the proposed solution can be provided. | Diet orders should be linked to Kitchen which will be accessible to the chef |

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|---|---|---|---|---|---|---|
| | | | food items groups based on food items available in the hospital kitchen | | | |
| 3 | 33 | 3.8. Centralized Accident and Trauma Services | These are facilities that are used to manage emergency situations involving trauma and accidents. With the techniques of communication and co-ordination, these services help the community to handle these situations in somewhat more confident way. | Will this involve the tracking of the patients from one hospital to the other ? | | Integration required with the existing system |
| 4 | 40 | 4. Schedule of Services | g) Data migration from existing (legacy) applications to the proposed (new) applications. | What is the amount of data to be migrated ? | | Please refer corrigendum |

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|---|---|---|---|---|---|---|
| 5 | 43 | 5. Implementation Plan | 20 Monitoring & Maintenance Till end of the project | Will there be AMC to take over ? | | As per RFP, project duration can be extended for two years which will be mutually agreed |
| 6 | 81 | 11. Technical Evaluation Criteria | 1. Financial Capability:The bidder (in case of Consortium, cumulative turnover shall be accounted, and lead member shall meet minimum of 50% of Turnover) shall have a minimum average turnover of INR 200 Crore for the last 3 years from IT/ITeS/ Consulting services a. Minimum INR 200 Crore: 2 marksb. INR 200 – 300 Crore: 3 marksc. More than Rs. 300 Crore: 4 Marks | Need to increase the marks for INR 200 Crore. | | As per RFP |
| 7 | 78 | 10. Pre-Qualification Criteria | The Bidder should have average annual turnover of INR 200 (Two hundred) Crores in the last three financial years (i.e. 2018-2019, 2019-2020 & 2020-2021) from IT/ ITES / Consulting Services. | This is to be reduced to 150 crore. | | As per RFP |

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|---|---|---|---|---|---|---|
| 8 | 109 | 16. Timelines and Payment Schedule | Customization of Integrated suite of IT (IT suite-1) application including HIMS-1 (Front Office Registration & Billing with ABDM Standards, Queue Management, Telemedicine, Emergency, Patient Portal, Ambulance, Radiology Information System, Laboratory Information Management System, Pharmacy, Inventory, MIS/Dashboard)Integration with Supply Chain Management, Integration with Asset Management, DVDMS,Front Line Worker App, Outreach and Mobile Health programme, Central MIS Dashboard, Integration with Field worker apps-Ashwin portal, Integration with Finance Management, Integration with Human Resource Management System, Integration with Centralized Accident and Trauma Services, Integration with Patient Transport/ Ambulance Management System, Integration with Centralized IT Helpdesk / Incident Management | There is no payment defined for this. | | As per RFP |

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|---|---|---|---|---|---|---|
| 9 | 9.2.1, Pg. 62 | Pre-Bid Meeting | Considering the current situation BMSICL may decide to conduct the pre-bid meeting through electronic mode, the details for the same shall be posted on BMSICL website. | It is requested to conduct another pre-bid meeting virtually. In case another physical pre-bid meeting it is requested to share the meeting notice in advance. | Due to Covid situation flight connectivity to Patna is limited from different parts of the country. | As per RFP |

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|---|---|---|---|---|---|---|
| 10 | 1 Pg. 13 | Proposal Data Sheet | Last date and time of submission of online bid 28/02/22 | It is requested to allow at least 6 weeks for the bids to be submitted from the date of corrigendum are issued | It is a large and complex bid with many components like HMIS, EHR, ERP, IoT, Document Management System etc. To deliver the whole suite of solution, it is required to partner / form consortium with many partners to stich the solution together. Therefore, such minimal timeframe given the RFP may not be enough. | As per RFP |

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|---|---|---|---|---|---|---|
| 11 | 4 (f)pg. 40 | Schedule of Services | MSP will be responsible for provisioning of cloud services from MeitY empanelled cloud service providers for the contract period | Has the MeitY empanelled cloud service provider(CSP) has been engaged by BMSICL? Or the MSP shall approach the CSP? | This is only a clarification | MSP shall approach CSP |
| 12 | 4 (k)pg. 40 | Schedule of Services | Provide Support in Third Party Security Audit of the Applications, Portal and associated Certifications & address findings (Third party auditor will be appointed by MSP in coordination and approval with relevant stakeholders) | It is requested that if BMSICL may appoint the third party auditor and bidder shall support the auditor for all required testing | | Third party auditor will be appointed by MSP in coordination and approval with relevant stakeholders |

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|---|---|---|---|---|---|---|
| 13 | 11 pg. 81 | Technical Evaluation | •Copy of Work order/ Client certificate/ Contract copy AND with Client project completion certificate specifying the project details and value vis a vis the criteria stated in the RFP. In case of an on-going project phased completion certificate (provided by client) should be submitted. and • A certificate from the Statutory Auditor/CA of the Bidder stating the project details vis a vis the criteria stated in the RFP stating value of the Project. | Kindly allow endorsement from Company Secretary of the firm or endorsement from any one of the board of directors in line with other large public sector / Government RFP. | Due to NDA clause with the client it is difficult to share contract copy. Please allow endorsement from the Company Secretary in addition to endorsement from one of the Board Member. | Please refer corrigendum |
| 14 | 9.16.1, Pg. 72 | Deviations in Terms and Conditions of RFP | No deviations in the terms and conditions as laid out in the RFP will be accepted. | Please confirm if this bid is a Nil Deviation Bid. Does this mean that the bidders will not be allowed to deviate from the legal terms and conditions mentioned in this RFP? | | As per RFP |

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|---|---|---|---|---|---|---|
| 15 | 13, Pg. 89 | Award of Contract | Following finalization of selected Bidder, the contract shall be signed between SHS and the selected Bidder to whom work has been allocated. After signing of the Contract Agreement, no variation in or modification of the term of the contract shall be made except by written amendment signed by both parties. | The clause states that no variation or modification of the contract terms shall be accepted. Does this mean that the contract terms can be modified between the selected Bidder and SHS between the contract awarded and the contract execution. | | As per RFP |
| 16 | 13.1, Pg. 89 | Contract Period | The contract period shall be Two (2) Years for the Implementation Period and Three (3) years Operation and Maintenance Period from the date of Go-Live. After the end of the contract period, SHS reserves the right to either continue with the existing bidder with either same or revised terms and conditions as mutually agreed by both parties. | What happens in an event where the selected bidder is unable to implement the Services in 2 years time? | | As per RFP, the Liquidated Damages clause shall be applicable. |

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|---|---|---|---|---|---|---|
| 17 | 13.4., Pg.89 | Performance Bank Guarantee & Additional Bank Guarantee | 13.4.1. The successful bidder shall at its own expense deposit Performance Bank Guarantee & Additional Bank Guarantee with SHS, within fifteen (15) working days of the date of receipt of Letter of Intent of the contract or prior to signing of the contract whichever is earlier, an unconditional and irrevocable Performance Bank Guarantee (PBG) & Additional Bank Guarantee (ABG) from a scheduled bank acceptable to SHS, payable on demand, for the due performance and fulfilment of the contract by the bidder. | We understand from the details of PBG and ABG that the PBG is for the entire period of the contract and ABG is for the implementation period. We request you to remove the ABG. | There is a lot of investment that the bidder will put in this project. In case of termination, the cost of investment should be borne by client. | As per RFP |

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|---|---|---|---|---|---|---|
| 18 | 14.1, Pg. 92 | Subcontracting | 14.1.1. The bidder shall not be permitted to appoint any delegate/subcontractor for Core solutions like HIMS, EMR & ERP for the performance of bidder's services under this RFP, except for the following services: 14.1.1.1. Provisioning of human resources for Training and Handholding Support 14.1.1.2. Work related to data entry 14.1.1.3. Support Solutions like PACS etc. and Proposed innovative solutions by MSP | We request you to remove this condition of sub-contracting and allow the bidders to sub-contract for core solutions. Also it is requested to increase the % of subcontractor's value of work. | | As per RFP |

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|---|---|---|---|---|---|---|
| 19 | 14.2, Pg. 92 | Liquidated Damages | 14.2.1. Time is the essence of the Agreement and the delivery dates are binding. In the event of delay or any gross negligence in implementation of the project before Go-Live, for causes solely attributable to the Bidder, in meeting the deliverables, SHS shall be entitled at its option to recover from the bidder as agreed, liquidated damages, a sum of 0.5% of the total contract value per month for each completed month subject to a maximum of 5% of the total contract value. This right to claim any liquidated damages shall be without prejudice to other rights and remedies available to SHS under the contract and law.

14.2.3. Performance Obligations: While providing services as per Scope of Work, the successful bidder shall ensure that there is no infringement of any patent or design rights or violate any intellectual property or other | We request for the following change in the clause:
14.2.1. Time is the essence of the Agreement and the delivery dates are binding. In the event of delay or any gross negligence in implementation of the project before Go-Live, for causes solely attributable to the Bidder, in meeting the deliverables, SHS shall be entitled at its option to recover from the bidder as agreed, liquidated damages, a sum of 0.5% of the relevant milestone total contract value per month for each completed month subject to a maximum of 5% of the relevant milestone total contract value. This right to claim any liquidated damages shall be without prejudice to other rights and remedies available to SHS under the contract and law.

14.2.3. Performance Obligations: While providing services as per Scope of Work, the successful bidder | | As per RFP |

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|---|---|---|---|---|---|---|
| | | | right of any person or entity and shall comply with all applicable Laws, Statute, regulations and Governmental requirements and bidder shall be solely and fully responsible for consequence / any actions due to any such infringement. | shall ensure that there is no infringement of any patent or design rights or violate any intellectual property or other right of any person or entity and shall comply with all applicable Laws, Statute, regulations and Governmental requirements and bidder shall be solely and fully responsible for consequence / any actions due to any such infringement. | | |

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|---|---|---|---|---|---|---|
| 20 | 14.3.1, Pg. 92 | Suspension | SHS may, by written notice of suspension to the MSP, suspend all payments to the MSP hereunder if the MSP fails to perform any of its obligations under this contract, including carrying out of the services, provided that the notice of suspensioni. Shall specify the nature of the failure, andii. Shall request the MSP to remedy the failure within a period not exceeding 45calendar days after receipt by the MSP of the notice of suspension | We request you to remove suspension of the services from the contract. In an event where the bidder is unable to perform services, we believe that the Contract should be terminated rather than suspension. | | As per RFP |

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|---|---|---|---|---|---|---|
| 21 | 14.3.2.1., pg. 93 | Termination by Client | 14.3.2.1. The client may terminate this contract in case of the occurrence of any of the events specified in paragraphs (a) through (d) of this clause occurs. In this case, the client shall give at least 45 calendar days written notice of termination to the MSP for events referred to in (a) to (d). | We request a reasonable cure period in an event of termination for curing the defect. | We believe that the indemnity should be limited to third party claim. Additionally, any indemnity pertaining to third party IPR claim should be limited to the Bidder manufactured product and actual intellectual property rights involved in the project, i.e. patents and / or copyrights. | Please refer corrigendum |

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|---|---|---|---|---|---|---|
| 22 | 14.3.3., Pg. 93 | Termination by MSP | 14.3.3.1.The MSP may terminate this contract, by not less than 180 calendar days written notice under clause to the client and upon successful completion of exit management as specified section 15.9, in case any of the events specified in paragraphs (a) to (d) of thisoccursa) If the client fails to pay any money due to the MSP within 90 calendar days after receiving written notice from the MSP that the payment is overdue;b) If, as the result of Force Majeure, the MSP is unable to perform a material portion of the services for a period of not less than 90 calendar days;c) If the client fails to comply with any final decision reached as a result of arbitration.d) If the client is in material breach of its obligations pursuant to this contract and has not remedied the same within 90 days. | While MSP has a right to terminate the contract, we request you to reduce the notice period to 30 days. Further, we believe that the MSP should have a right to terminate the contract even when the relevant exit management as not been provided in the section 15.9 if the termination is for material breach from the client, which includes a), c) and d). | We feel that TCV as liability cap is excessive in nature. Additionally, we believe that breach of confidentiality obligations should be a capped to limitation of liability. Additionally, all the claims (including the ones set forth in the Clause 15.6) should be excluded from indirect and consequential damages. | As per RFP |

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|---|---|---|---|---|---|---|
| 23 | 14.3.6., Pg. 94 | Payment upon Termination | 14.3.6.1. Upon termination of this contract, the client shall pay the MSP the following:<br>a) Cost of services till submission/achievement of the milestone prior to the effective date of termination, and other expenses, actually incurred prior to the effective date of termination.<br>b) In the case of termination is enforced by the client, reimbursement of any reasonable cost incurred by the MSP will be done. | We request you to make payments of all services till the effective date of termination, work in progress, unamortised investments in an event of termination (whether by client or MSP). | Since pandemic is added as an event which could trigger Force Majeure event, we would like to have further clarity on the COVID 19 situation. | Please refer corrigendum |

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|---|---|---|---|---|---|---|
| 24 | 14.5.2., Pg. 94 | Applicable law and its jurisdictions | 14.5.2. The Bidder involved in any misconduct will be blacklisted after following due procedure besides any other action as warranted under law and terms of the contract along with forfeiture of Performance Bank Guarantee and/or Additional Bank Guarantee. | We request for deletion of this clause as this is a broad clause and misconduct can be for anything and everything. | Bihar Public Works Contracts Disputed Arbitration Tribunal Act 2008 consists of a tribunal with is appointed by the State Government. Since BMSICL is a government entity, we believe that the arbitration should be through independent arbitrators appointed by each party. | As per RFP |

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|---|---|---|---|---|---|---|
| 25 | 14.14., Pg. 96 | Breach of Statutes | 14.14.1 The successful Bidders shall indemnify SHS against all penalties and liabilities of every kind of breach of any Statutes, Ordinance, Rules and Regulations or By-laws as may be applicable for and in the execution of the contract. 14.14.2. The Bidder shall be bound to indemnify SHS against all claims whatsoever in respect of the labour under the Minimum wages, Provident Fund, ESI & Contract Labour (R & A) Act 1970 etc. In case SHS is held responsible for making any kind of payment to the labourer/any other person of the Bidder under any statutory provision, the said amount shall be deducted from the bills of the Bidder from this contract or any other contracts or recovered from the amount of Performance Bank Guarantee or as Additional Bank Guarantee or debt or in any other manner. 14.14.3. The Tenderer shall be bound to indemnify SHS | We request for deletion of this clause. The bidder can comply with all the laws that are applicable to it for the purpose of execution of this contract. The bidder can indemnity for any government or statutory fines to SHS. Having said this the bidder will be responsible for all the applicable laws that are applicable to it as an IT Service Provider for execution of this Contract. Accordingly, we request for following revision: 14.14.1 The successful Bidders shall indemnify SHS against all government or statutory fines or penalties and liabilities of every kind of resulting from breach of any Statutes, Ordinance, Rules and Regulations or By-laws as may be applicable to the bidder as IT Service Provider for and in the execution of the contract. 14.14.2. The Bidder shall be bound to indemnify SHS | We believe that while providing Exit Management, blacklisting provision should be not applicable. | As per RFP |

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|---|---|---|---|---|---|---|
| | | | against all claims whatsoever in respect of the said personnel under the Employees Provident Fund and Miscellaneous Provisions Act, Contract Labour (Regulation and Abolition ) Act , Bonus Act ,ESI Act , Gratuity Act, Employees Compensation Act, or any statutory modification thereof or otherwise or in respect of damage or compensation payable in consequence of any accident or injury sustained by any worker or other persons whether in employment of the tenderer or not. 14.14.4. In case the SHS is held responsible for making any kind of payment to the employee/any other person of the tenderer under any statutory provision, the said amount shall be deducted from the bills of the SHS or recovered from the amount of Performance Bank Guarantee and/or Additional Bank Guarantee or as debt or in any other manner. | against all claims whatsoever in respect of the labour under the Minimum wages, Provident Fund, ESI & Contract Labour (R & A) Act 1970 etc. In case SHS is held responsible for making any kind of payment to the labourer/any other person of the Bidder under any statutory provision, the said amount shall be deducted from the bills of the Bidder from this contract or any other contracts or recovered from the amount of Performance Bank Guarantee or as Additional Bank Guarantee or debt or in any other manner. 14.14.3. The Tenderer shall be bound to indemnify SHS against all claims whatsoever in respect of the said personnel under the Employees Provident Fund and Miscellaneous Provisions Act, Contract Labour (Regulation and Abolition ) Act , Bonus Act ,ESI Act , Gratuity Act, Employees Compensation Act, or any statutory | | |

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|---|---|---|---|---|---|---|
| | | | | modification thereof or otherwise or in respect of damage or compensation payable in consequence of any accident or injury sustained by any worker or other persons whether in employment of the tenderer or not. 14.14.4. In case the SHS is held responsible for making any kind of payment to the employee/any other person of the tenderer under any statutory provision, the said amount shall be deducted from the bills of the SHS or recovered from the amount of Performance Bank Guarantee and/or Additional Bank Guarantee or as debt or in any other manner. | | |

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|---|---|---|---|---|---|---|
| 26 | 15.4, Pg. 99 | Bidder's Risk | 15.4.1. All risks of loss or damage to health, property, personal injury or death which may arise during and in consequence of the performance of the contract or any commercial risks other than the excepted risks which are the specified responsibility of the Bidder. The Bidder shall be liable for forfeiture of its security, liquidated damages, termination for default, if and to the extent that, it's delay in performance or other failure to perform its obligations under the Contract is the result of conditions defined as expected risks. | We request for deletion of this clause as this is also getting covered in indemnity/ limitation of liability. Further, this clause is not required if the RFP speaks of forfeiture of its security, liquidated damages, termination for default, in detail (in specific clauses). | Since this is a large project, the MSP might receive a lot of data. It should know that which data is considered as a confidential and which is not. Accordingly, the MSP can keep the security measures for the information which is confidential in nature. Additionally, MSP will also share a lot of confidential information during the term of the project. Therefore, we believe that there should be mutuality in confidentiality obligations. | As per RFP |

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|---|---|---|---|---|---|---|
| 27 | 15.6.1, Pg. 99 | Indemnification | 15.6.1.1.Subject to Clause 15.6.2 (Limitation of Liability) of RFP document, the Bidder (the "Indemnifying Party") undertakes to indemnify SHS (the "Indemnified Party") from and against all Losses on account of bodily injury, death or damage to tangible personal property arising in favour of any person, SHS or other entity (including the Indemnified Party) attributable to the Indemnifying Party's negligence or wilful default in performance or non-performance under this Contract. 15.6.1.2. If the Indemnified Party promptly notifies Indemnifying Party in writing of a third- party claim against Indemnified Party that any Service provided by the Indemnifying Party infringes a copyright, trade secret or patents incorporated in India of any third party, Indemnifying Party will defend such claim at its expense and will pay any costs or damages that may be | We request for the following change: Bidder shall, as its sole liability, defend and pay SHS for all court awarded direct damages for which it is legally liable and arises out of third party claims for: i. that an unaltered Bidder manufactured product provided to SHS infringes that party's patent or copyright. ii. negligence and wilful misconduct leading to death or bodily injury, the damage, loss or destruction of any real or tangible personal property, for which the Bidder is legally liable. The Bidder will be promptly notified of any such claims and will have sole control over the proceedings." | | As per RFP |

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|---|---|---|---|---|---|---|
| | | | finally awarded against Indemnified Party. | | | |

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|---|---|---|---|---|---|---|
| 28 | 15.6.2., Pg. 101 | Limitation of Liability | 15.6.2.1. The aggregate liability of Bidder (whether in contract, tort, negligence, strict liability in tort, by statute or otherwise) for any claim in any manner related to this Contract, including the work, products or Services covered by this Contract, shall be the payment of direct damages only which shall in no event exceed the total value of the contract payable under this Contract. The liability cap given under this Clause shall not be applicable to the indemnification obligations set out in Clause 15.6 and 15.10 of RFP document.15.6.2.2. In no event shall either party be liable for any consequential, incidental, indirect, special or punitive damage, loss or expenses (including but not limited to business interruption, lost business, lost profits, or lost savings) nor for any third-party claims (other than those set-forth in Clause 15.6 of RFP document) even if it has been advised of their possible existence. | We request following revision in the clauses: 15.6.2.1. The aggregate liability of Bidder (whether in contract, tort, negligence, strict liability in tort, by statute or otherwise) for any claim in any manner related to this Contract, including the work, products or Services covered by this Contract, shall be the payment of direct damages only which shall in no event exceed the charges paid by BMSICL in the 12 months preceding the date of claim total value of the contract payable under this Contract. The liability cap given under this Clause shall not be applicable to the indemnification obligations set out in Clause 15.6 and 15.10 of RFP document.15.6.2.2. In no event shall either party be liable for any consequential, incidental, indirect, special or punitive damage, loss or expenses (including but not limited to business interruption, lost business, | | As per RFP |

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|---|---|---|---|---|---|---|
| | | | | lost profits, or lost savings) nor for any third-party claims (other than those set-forth in Clause 15.6 of RFP document) even if it has been advised of their possible existence. | | |

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|---|---|---|---|---|---|---|
| 29 | 15.7, Pg. 101 | Force Majeure | 15.7.1.1.<br>For the purpose of this contract, 'Force Majeure' means an event which is beyond the reasonable control of the party, is not foreseeable, is unavoidable, and makes a party's performance of its obligations hereunder impossible or so impractical as reasonably to be considered impossible under the circumstances, and subject to those requirements. Examples include, but are not limited to, pandemic/epidemic, war riots, civil disorder, earthquake, fire, explosion storm, flood or other adverse | Please confirm if the Force Majeure event includes COVID 19. We request you not to include COVID 19 in Force Majeure. Accordingly, we request you to add the following:<br>The parties acknowledge and agree that COVID-19 is an event beyond the parties' reasonable control, and it is not possible to foresee (or advisable to try and foresee) its duration, impact or extent (including measures and recommendations that may be put in place by regulators). As such, where a party's non-monetary obligations are not performed, affected, and/or delayed and that is attributable to COVID-19 or its related impacts, notwithstanding any other provision in the Contract, the affected party will not be responsible for such non-performance, affected performance or delay. The parties will act responsibly to discuss the affected obligations, potential work- | | Please refer corrigendum |

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|---|---|---|---|---|---|---|
| | | | | arounds and related issues in good faith and will document any agreed changes to the Contract. | | |

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|---|---|---|---|---|---|---|
| 30 | 15.8, Pg. 103 | Arbitration | 15.8.2. If the parties even after 30 days fail to resolve their dispute or difference by such mutual consultation, then either the BMSICL/SHS or the MSP may give notice to the other party of its intention to commence arbitration, with respect to such disputes or differences arising out of the terms and conditions of the contract in accordance with the procedure prescribed under Bihar Public Works Contracts Disputed Arbitration Tribunal Act 2008.15.8.3. The arbitration shall be in accordance with the procedure prescribed under the Bihar Public Works Contracts Disputed Arbitration Tribunal Act 2008. | We request the change from Bihar Public Works Contracts Disputed Arbitration Tribunal Act 2008 to Arbitration and Conciliation Act 1996, as amended from time to time. | | As per RFP |
| 31 | 15.9, Pg. 103 | Exit Management Plan | 15.9.1.2. Execution Agency may blacklist the company as deemed fit for not complying with the Exit Management plan. | Please elaborate the situations where the blacklisting will take place. This clause on an as is basis is open to interpretation and therefore, should be elaborated. | | As per RFP |

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| 32 | 15.10., Pg. 105 | Confidentiality | 15.10.1. In the course of performing its functions and obligations under this Agreement, Bidder shall maintain strict secrecy, confidentiality and privacy in respect of the confidential records and information that has come to its possession or knowledge.<br><br>15.10.7. Information that is in the public domain shall not be considered as confidential information under this Agreement. | 1. Please provide the definition of Confidential Information.<br>2. We understand from the clause that any and all the information that the MSP receives from BMSICL will be considered as confidential. We request to limit the definition of 'confidential information' to the information that is marked with the restrictive legend.<br>3. Request you to make the Confidentiality clause as mutual.<br>4. More exceptions to Confidentiality Obligations should be inserted. The same are mentioned as: Recipient may disclose, disseminate, and use Information that is already in its possession without obligation of confidentiality, developed independently, obtained from a source other than Discloser without obligation of confidentiality, publicly available when received or subsequently becomes publicly available | | As per RFP |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
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| | | | | through no fault of the Recipient, or disclosed by Discloser to another without obligation of confidentiality. | | |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
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| 33 | Annexure X, Pg. 138 | Integrity Pact | 7.1. The BIDDER undertakes that under similar buying conditions, Bidder has not supplied/is not supplying similar product/systems/ services or subsystems at a price lower than that offered in the present bid in respect of any other Department or PSU or Corporation and if it is found at any stage that similar product/systems/services or subsystems was so supplied by the BIDDER to any other Department or a PSU at a lower price, then that very price, with due allowance for elapsed time, will be applicable to the present case and the difference in the cost would be refunded by the BIDDER to the BUYER, if the contract has already been concluded. | We request for deletion of this clause as it is not practically possible for the bidder to agree to. Further, forfeiture of the PBG and ABG should not be linked to the integrity pact. The concept of PBG and ABG is for non-performance of project related aspects. | | As per RFP |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
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| 34 | 4. Schedule of Services , pg-40 | 4. Schedule of Services | MSP will be responsible for provisioning of cloud services from MeitY empanelled cloud service providers for the contract period. | Q 1) It is our understanding that MeitY empanelled cloud service providers have already been selected by the client. If so, kindly share Cloud service providers names<br><br>Q 2)Who will be responsible for setting up the underlying infrastructure for various environment ? Will the Client cloud team provision the infrastructure (IaaS), VMs, Networking ? | | MSP to provide MeitY impanelled cloud solution provider and hosting of solution components as part of the proposed solution. GoB shall be responsible to fecilitates the procurement of desired infrastructure. |
| 35 | General | | | Who is responsible for the MeitY approved cloud charges ? Hope it is the responsibility of the client. | | MSP is responsible to provide Cloud Services and associated charges |
| 36 | General | | | Is there a DR (Disaster Recovery) requirement? | | Yes |
| 37 | General | | | What is the RPO / RTO requirement? | | Proposed solution shall adhere the defined application SLAs. |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
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| 38 | General | | | How many Data Centres in MeitY approved Cloud provides ? How far its distributed ? | | MSP to identify the MeitY Impanelled CSP as part of the proposed solution |
| 39 | General | | | Do MSP provide the infra BOM and based on that Client cloud team will provide the required infra services to MSP ? | | MSP is responsible to provide Cloud Services and associated charges |
| 40 | General | | | Kindly confirm that hardware is out of scope of MSP for this opportunity | | Hardware procurement at Health Facility only shall be administered by GoB |
| 41 | General | | | It is requested that the payment should be due and paid to the successful bidder within 30 days from the date of invoice raised | | As per RFP |
| 42 | General | | | Please share license requirement for each ERP module | | Software license required for the proposed solution by the MSP is under the scope of MSP. |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
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| 43 | Objective 1 | pg.# 17 | Digitization of Frontline Workers' functions (through development of applications or integration with existing application). | Do we need to develop Frontline works App or it just integration of the existing SAKHI and Ashwin App | | MSP would be required to initially integrate with existing applications and simaltaneously develop the FLW application with all the requierd features. |
| 44 | 3.1.1. Registration Management,pg # 23 | 3.1.1. Registration Management | 3.1.1. Registration Management We need a robust Outpatient & Inpatient patient registration function to have better and efficient patient care process with features such as: - • Follow-up patient with the same ID | Q 1. Is it a pre-requisite to have Patient's UHID for registering the Patient into HIMS ? Q 2. Will there be any other additional Patient ID other than UHID? | | HIMS is expected to generate a UHID which will be integrated to ABHA ID. Also, the system should be capable to generate ABHA ID. MSP can propose additional features |
| 45 | 3.1.2. Appointment Management, pg.# 23 | 3.1.2. Appointment Management | 3.1.2. Appointment Management Quick reminders through SMS and e-mail etc. | For sending appointment reminders, is there any existing SMS Gateway or is the expectation to develop new SMS gateway? | | State will provided the SMS Gateway service and the MSP will integrate with their application. |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
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| 46 | 3.1.6. Radiology Information System, pg# 25 | 3.1.6. Radiology Information System | 3.1.6. Radiology Information System | Does PACS solution needs to included as part of RIS, because the RFP does not mention PACS solution in RIS system | | Please refer corrigendum |
| 47 | 3.1.7 | 3.1.7. Inventory Management | 3.1.7. Inventory Management | Since Inventory Mgt is part of ERP, is the expectation to have Inventory Mgmt. integrated with ERP system? | | Inventory management should be integrated with the ERP system at the institutional and state-level both |
| 48 | 3.1.8. Billing Module, pg.# 26 | 3.1.8. Billing Module | 3.1.8. Billing Module The hospital billing and insurance/ PM-JAY module are streamlined, and the billing works on a set of pre-set business rules customized that can be configured to meet the requirements of PM JAY. | The assumption is the billing will be based on pre-defined PMJAY Benefits package. Pls confirm | | For PMJAY patients-Yes, MSP has to include all other billing packages defined by the state for health schemes |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
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| 49 | 3.1.10. Pharmacy Management, pg.# 27 | 3.1.10. Pharmacy Management | 3.1.10. Pharmacy Management Interface with 3rd Party Drug database. | Q 1. Will the 3rd Party Drug database will be costed separately, will that be provided by BMSICL ? Q 2. Does the Pharmacy Inventory Mgmt. (e.g.; Medications) is part of Inventory Mgmt. system? Or does it require separate integration with ERP system? | | BMSICL will not provide a drug database, it is part of the scope for MSP. MSP to propose best practice for pharmacy inventory management system which should be integrated to eAushadhi |
| 50 | 3.1.15. Quality Management System, pg.# 28 | 3.1.15. Quality Management System | 3.1.15. Quality Management System The intent is to evaluate whether system is adhering to the principles and requirements as prescribed by the overseeing regulatory body and, equally importantly, the expectations of its customers. | What are all the regulatory bodies that needs to be addressed in the QMS system? | | NABH, NABL Guidelines to follow pollution control norms including bio waste management |
| 51 | 3.1.19. Technical Specification,pg # 29 | 3.1.19. Technical Specification | 3.1.19. Technical Specification | Is the expectation of HIMS to be based on MeitY ? cloud enabled system | | As per RFP |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
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| 52 | 3.4. Electronic Health Record, pg.# 33 | 3.4. Electronic Health Record | 3.4. Electronic Health Record In case of doctors on leave, information to be given to all concerned patients accordingly. Doctor's desk shall be customized as per the requirements of the concerned doctors. | Q 1. What is the source of information for the EHR to get the leave information of the concerned Doctors? Q 2. Will there be an integration with HRMS to track the leave records of the concerned doctor? | | 1. MSP is expected to build an institutional HRMS system which will be integrated to state HRMS 2. Yes |
| 53 | 3.5. Integrations, pg.# 33 | 3.5. Integrations | 3.5. Integrations The proposed solution needs to integrate with existing state applications and solution to track and monitor beneficiaries under other program. Integration with other State-based health programs is also envisaged and should be taken up by MSP. | Should the MSP propose an Integration Engine to cater to enormous integration requirements ? | | MSP to propose best practices to achieve desired outcomes. |
| 54 | 3.8. Centralized Accident and Trauma Services, pg# 33 | 3.8. Centralized Accident and Trauma Services | 3.8. Centralized Accident and Trauma ServicesThese are facilities that are used to manage emergency situations involving trauma and accidents. With the techniques of communication and co-ordination, these services help the community to handle these situations in | Does this 'Centralized Accident and Trauma Service' system needs to be developed separately? | | Integration required with the existing system |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
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| | | | somewhat more confident way. | | | |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
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| 55 | 3.11. Integration with IoT Devices and Kiosks, pg.# 36 | 3.11. Integration with IoT Devices and Kiosk | 3.11. Integration with IoT Devices and Kiosks The proposed solution should be able to integrate medical devices through IoT devices to monitor functionalities of existing medical devices across health system of State. The proposed solution should have capabilities to provide ease of use for the public through Kiosks at intuitional level. | What type of Medical devices would require integration with IoT Devices and Kiosks? | | Type of devices : CT Scan Machines, X-ray machines, Ultrasound machines, Dialysis, Radiant Warmer (till SNCU level)Auto-analysers in laboratories (Bio-chemistry, immunology, Hematology). Analog machines to be connected via IoT devices provided by the State. And other digitally compatible devices to be connected through global standards e.g. HL7, DICOM |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
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| 56 | 8.2.4. Scalability, pg# 56 | 8.2.4. Scalability | 8.2.4. Scalability | What sort of Scalability & Stability issues are currently faced in current system? | | This clause talks about the number of health institutions and workload. The proposed solution should have the capability to function at optimal levels or increase and decrease the number of institutions and workloads. |
| 57 | 8.2.8. Platform security, pg.# 56 | 8.2.8. Platform security | 8.2.8. Platform security | What sort of Security issues are currently faced in current system? | | This clause is for the proposed solution, not for the existing system. |
| 58 | General | | | What sort of User Experience issues are currently faced in current system, E.g.; Frontline Workers App- Ashwin, SAKHI etc | | Integrated system improvement recommendations shall be part of proposed solution approach. |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
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| 59 | 3 | Figure 3,3.1.14 | UHID | Does Bihar state have a strategy on patient unique ID? ID the ABHA number envisaged as the UHID? | Since the Wishlist is to have an integrated health ecosystem, the patient level data needs to be connected through a common identifier - in this case UHID as specified in the RFP. Can you clarify the UHID strategy and rollout status ? If this is ABHA number, Is ADBM rollout a re-requisite for the MSP to rollout rest of the ERP, HMIS and other state applications? | HIMS is expected to generate a UHID which will be integrated to ABHA ID. Also, the system should be capable to generate ABHA ID. MSP can propose additional features.MSP is also responsible for the successful rollout of ABDM |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
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| 60 | 3.2.4, Page 32 | | Integration with all the Front Line Worker applications and development and implementation of any other application as required by the client. | Can you clarify "any other application as required by the client" | IBM requests a clearly defined scope and modules expected from the MSP | MSP to propose best practices to achieve desired outcomes. |
| 61 | 4 (f), Page 40 | | MSP will be responsible for provisioning of cloud services from MeitY empanelled cloud service providers for the contract period | Is the MSP responsible for choosing any cloud vendor from the MeitY empanelled list. | Can you pls provide the list of all empanelled cloud vendors by MeitY | As per MeitY website and guidelines |
| 62 | 5, Page 42 | Deliverable Table Row 3 | Submission of report: ABDM registries population, hardware requirements with specifications; Networking plan and specifications of end user devices | Can you clarify that BMSICL will be responsible for procurement of all hardware, network and IoT devices as per the recommendation of the MSP | The availability of hardware, network, and other computing devices will be a pre-requisite and dependency for MSP to maintain the stated timelines | As per RFP, Hardware procurement is not part of scope for MSP |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
|---|---|---|---|---|---|---|
| 63 | 5 Page 42 | First bullet | Design and Development (Requirement Gathering, Integration with existing application, Configuration, Customization, User Acceptance, and pre-implementation training) and Implementation of digital health solutions in 3 Districts as pilot go-live within 12 months of project inception. | Please provide details of the existing applications that need to be integrated. We need to have details of the technical architecture and rechilogy platforms in use by these applications to define the integration strategy. | Integration and interoperability standards need to be know to be able to integrate the existing applications with the new digital ecosystem | A list of existing applications has been provided in corrigendum |
| 64 | 9.16.1, Pg. 72 | Deviation in Ts & Cs of RFP | No deviations in the terms and conditions as laid out in the RFP will be accepted | Request you to accept deviation | | As per RFP |
| 65 | 13.4., Pg.89 | Performance Bank Guarantee & Additional Bank Guarantee | 13.4.1. The successful bidder shall at its own expense deposit Performance Bank Guarantee & Additional Bank Guarantee with SHS, within fifteen (15) working days of the date of receipt of Letter of Intent of the contract or prior to signing of the contract whichever is earlier, an unconditional and irrevocable Performance Bank Guarantee (PBG) & Additional Bank Guarantee (ABG) from a scheduled bank acceptable to SHS, payable on demand, for the due | As we have PBG for entire project duration, what is the need for ABG for Implementation period | Bidder seeks deletion of Additional Bank Guarantee clause | Additional BG of 7% to be paid against Advance Payment of 10% as Mobilization. |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
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| | | | performance and fulfilment of the contract by the bidder. | | | |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
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| 66 | 14.2, Pg. 92 | LD | Time is the essence of the Agreement and the delivery dates are binding. In the event of delay or any gross negligence in implementation of the project before Go-Live, for causes solely attributable to the Bidder, in meeting the deliverables, SHS shall be entitled at its option to recover from the bidder as agreed, liquidated damages, a sum of 0.5% of the total contract value per month for each completed month subject to a maximum of 5% of the total contract value. This right to claim any liquidated damages shall be without prejudice to other rights and remedies available to SHS under the contract and law. | Implementation phase: (0.5% of the cost of the affected/impacted deliverables for the respective implementation phase) The implementation phases penalty shall be capped to 5% of the delayed/affected implementation charges and will exclude price of application software, hardware, OS, Database, tools and peripheral applications | | As per RFP |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
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| 67 | 14.3.1, Pg. 92 | Suspension | SHS may, by written notice of suspension to the MSP, suspend all payments to the MSP hereunder if the MSP fails to perform any of its obligations under this contract, including carrying out of the services, provided that the notice of suspensioni. Shall specify the nature of the failure, andii. Shall request the MSP to remedy the failure within a period not exceeding 45calendar days after receipt by the MSP of the notice of suspension | Bidder seeks deletion of this clause | | As per RFP |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
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| 68 | 14.3.2, Pg. 93 | Termination by the client | The client may terminate this contract in case of the occurrence of any of the events specified in paragraphs (a) through (d) of this clause occurs. In this case, the client shall give at least 45 calendar days written notice of termination to the MSP for events referred to in (a) to (d). 14.3.2.1.1. Termination - This contract may be terminated by BMSICL/SHS as per provisions set up below: a) If the MSP fails to remedy a failure in the performance of its obligations hereunder, as specified in a notice of suspension. b) If the MSP (or if the MSP consists of more than one entity, if lead member) becomes insolvent or bankrupt or enter into any agreements with their creditors for relief of debt or take advantage of any law for the benefit of debtors or go into liquidation or receivership whether compulsory or voluntary; c) If the MSP fails to comply | Upon termination, client would pay MSP for (1) all Services bidder provides, and any Products and Materials bidder delivers through termination, (2) all expenses bidder incurs through termination, and (3) any charges bidder incurs in terminating the Services. (4) deferred costs or unamortized investments (for example, net book value of assets procured from or for customer, initial transition or setup costs not yet fully amortized, other unamortized investments) and applicable wind-down expenses | | Please refer corrigendum |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
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| | | | with any final decision reached as a result of arbitration proceedings.<br>d) If, as the result of Force Majeure, the MSP is unable to perform a material portion of the services for a period of not less than 90 calendar days. | | | |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
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| 69 | 14.3.3, Pg. 93 | Termination by the MSP | 14.3.3.1.The MSP may terminate this contract, by not less than 180 calendar days written notice under clause to the client and upon successful completion of exit management as specified section 15.9, in case any of the events specified in paragraphs (a) to (d) of thisoccursa) If the client fails to pay any money due to the MSP within 90 calendar days after receiving written notice from the MSP that the payment is overdue;b) If, as the result of Force Majeure, the MSP is unable to perform a material portion of the services for a period of not less than 90 calendar days;c) If the client fails to comply with any final decision reached as a result of arbitration.d) If the client is in material breach of its obligations pursuant to this contract and has not remedied the same within 90 days. | MSP should have right to terminate with 30 days notice period&client would pay MSP for(1) all Services bidder provides, and any Products and Materials bidder delivers through termination,(2) all expenses bidder incurs through termination, and(3) any charges bidder incurs in terminating the Services.(4) deferred costs or unamortized investments (for example, net book value of assets procured from or for customer, initial transition or setup costs not yet fully amortized, other unamortized investments) and applicable wind-down expenses | | As per RFP |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
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| 70 | 14.4.1, Pg. 94 | Foreclosure | In case the contract is foreclosed by the client, the payment shall be made up to the achievement of the milestone and the MSP will also be entitled for the payment of 10% of the overall remaining contract value by the client | Customer will be liable for payment for all the Services rendered up to the effective termination date irrespective of milestone achieved, any deferred costs or unamortized investments (for example, net book value of assets procured from or for customer, initial transition or setup costs not yet fully amortized, other unamortized investments), all expenses bidder incurs in terminating the services and prepaid expenses to vendors in the event of termination. Additionally, Termination fees of 5% of remaining contract value needs to be paid to bidder in the event of Termination for convenience. | | As per RFP |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
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| 71 | 15.7, Pg. 101 | Force Majeure | 15.7.1.1.For the purpose of this contract, 'Force Majeure' means an event which is beyond the reasonable control of the party, is not foreseeable, is unavoidable, and makes a party's performance of its obligations hereunder impossible or so impractical as reasonably to be considered impossible under the circumstances, and subject to those requirements. Examples include, but are not limited to, pandemic/epidemic, war riots, civil disorder, earthquake, fire, explosion storm, flood or other adverse | In the event of Force Majeure:customer would pay bidder for(1) all Services bidder provides, and any Products and Materials bidder delivers through termination,(2) all expenses bidder incurs through termination, and(3) any charges bidder incurs in terminating the Services.(4) deferred costs or unamortized investments (for example, net book value of assets procured from or for customer, initial transition or setup costs not yet fully amortized, other unamortized investments) and applicable wind-down expenses | | Please refer corrigendum |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
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| 72 | 15.9, Pg. 103 | Exit Mgmt./ Training, handholding, and knowledge transfer | Exit Management Plan 15.9.1.1. The bidder shall submit a structured and detailed Exit Management plan including knowledge transfer plan along with the technical proposal. The bidder needs to update the Transition and Exit management on half yearly basis or earlier in case of major changes during the entire contract duration. This plan needs to be discussed and approved by the execution agency or its nominated agency. 15.9.1.2. Execution Agency may blacklist the company as deemed fit for not complying with the Exit Management plan. 15.9.1.3. The Exit Management plan shall deal with at least the following aspects of exit management in relation to the Project Implementation and Scope of work definition: 15.9.1.3.1. A detailed program of the transfer process that could be used in conjunction with a | In case of reverse transition, bidder will charge separately. | | As per RFP |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
|---|---|---|---|---|---|---|
| | | | Replacement of MSP including details of the means to be used to ensure continuing provision of the services throughout the transfer process or until the cessation of the services and of the management structure to be used during the transfer; 15.9.1.3.2. Plans for the communication with such of MSP, staff, suppliers, customers and any related third party as are necessary to avoid any material detrimental impact on Project's operations as a result of undertaking the transfer; 15.9.1.3.3. Plans for provision of contingent support to the Project and Replacement delivery agency for a reasonable period (minimum three months) after transfer. 15.9.1.3.4. Plans for training of the Replacement SHS staff to run the operations of the Project. | | | |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
|---|---|---|---|---|---|---|
| 73 | 17, Pg. 120 | SLA Penalties | However, it is the responsibility/ onus of the selected Bidder to prove that the outage is attributable to SHS. The selected Bidder shall obtain the proof authenticated by the SHS's official that the outage is attributable to the SHS.• The maximum penalty will be up to 5% of total project cost as per the Commercial bid submitted by the Bidder• The Agency shall deploy sufficient human resource suitably qualified and experienced in shifts to meet the SLA. Agency shall appoint as many team members as deemed fit by them, to meet the time Schedule and SLA requirements.• Once a maximum penalty of 5% of the contract value is reached, SHS has the right to call for the annulment of contract. | During the Run phase period (steady state), the SLA/Penalties applicable shall be capped at 5% of the monthly invoice value. | | The maximum penalty is capped at 5% of Total Contract Value during entire project duration. |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
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| 74 | 9.24.1. / Page no 75 | Taxes & Duties | All Custom Duties, Excise Duties and any other Taxes, GST/service Tax, Duties, Cess and Levies payable by the Bidder in respect of any transaction for procuring any services, components, sub-assemblies, raw-materials and equipment shall be included in the Bid price and no separate claim on this behalf will be entertained by BMSICL. | If there is any revision on Tax Rates by government , there would be disconnect in the price submitted and what actual chargeable to customer. | So Kindly get the amendment done to this clause to allow submission with out any applicability of local taxes like GST | Pl. Refer Clause 9.24.4 |
| 75 | 14.13.1 / Page no 96 | Extension of Contract | SHS reserves the right to extend the contract for a period of 2 (Two) years with the Terms & Conditions mutually agreed by both the parties. The extension of the contract will be based on the performance of the Bidder during the contract period which will be reviewed by SHS on yearly basis. | Does price related to this 2 years extension need to be submitted along with the current submission ? | | No. |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
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| 76 | 14.16.2 / Page no 96 | 14.16. Miscellaneous | The Bidder is required to obtain all necessary licenses which are required to carry out the work as mentioned in the scope of work of this document. Any further requirement of licenses or obligations on part of the Bidder not covered otherwise in this RFP, if mandated by Govt or any other regulatory body or SHS shall be fulfilled by the Bidder. The Bidder shall be solely responsible to bear the cost incurred in full filling the same. | Lack of inputs shared with MSP , resulting any re-solution / resulting in additional software / hardware requirement / any other cost element to be paid back to the MSP | | As per RFP |
| 77 | 3. Scope of Work, 23 | 3. Scope of Work | The key objective is to take the learnings from the previous Health ICT projects and fill the gaps with the advanced ICT applications and ramp-up the ICT solution that can helped in better health systems planning, development and support throughout the State. | We request to share the previous health ICT software modules/application details and technologies stack and also confirm if department has any technology constraints. | | MSP to propose best practices to achieve desired outcomes. |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
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| 78 | 3.9, 33 | 3.9. Centralized IT Helpdesk / Incident Management | A centralized IT Helpdesk is required to be set up as part of the scope. | Please confirm how many IT Helpdesk executive require to operate the Centralized IT Helpdesk, who will provide the sitting place, workstation, telephone line for Centralized IT Helpdesk.<br><br>As per our understanding Centralized IT Helpdesk will be operated after go live of system for 3 years. please confirm. | | MSP to propose best practices to achieve desired outcomes. |
| 79 | 3.11, 36 | 3.11. Integration with IoT Devices and Kiosks | The proposed solution should be able to integrate medical devices through IoT devices to monitor functionalities of existing medical devices across health system of State. The proposed solution should have capabilities to provide ease of use for the public through Kiosks at intuitional level. | As per our understanding API for integration will be provided by department. Please confirm | | Department will facilitate to provide APIs from different vendors/partners |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
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| 80 | 3.12, 36 | 3.12. Training & Capacity Building | Training (including Technical training, Functional training etc.) of end-users is essential for ensuring that the implementation actually put to use and drive adoption sustainably | Kindly share the end user details to whom training will be provided. | | Please refer corrigendum |
| 81 | 3.12, 37 | 3.12. Training & Capacity Building | l) The cost incurred on carrying out the training at client's prescribed location(s) shall be borne by the MSP which includes trainer's and other support team member's fees/ salary along with all incidental expenses like travelling, lodging-boarding, local conveyance etc. | Please share the location details where training will be conducted for better understanding of training efforts. | | MSP to propose best practice in order to ensure capacity building of all end-users |
| 82 | 4, 40 | 4. Schedule of Services | c) Integration of existing applications/Portals as specified in the RFP and further discussions with the client. | As per our understanding existing applications/Portals API for integration will be provided by department. Please confirm | | A list of existing applications has been provided in corrigendum |
| 83 | 4, 40 | 4. Schedule of Services | g) Data migration from existing (legacy) applications to the proposed (new) applications. | Please share the data size for which data migration required. | | Department will coordinate and help to get API access for selected application for integration. |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
|---|---|---|---|---|---|---|
| 84 | 8.3.5, 58 | 8.3.5. Integration with SMS / e-Mail Gateway | SMS / e-Mail gateway should act as common communication service, integrated as part of Integrated Digital Health Solution framework, and should be used to deliver SMS/e-Mail-based services to all end users/patients and other stakeholders as well as healthcare staffs. | We believed that Department will provide the SMS / e-Mail Gateway, please confirm. | | State will provided the SMS Gateway service and the MSP will integrate with their application. |
| 85 | 8.3.6, 59 | 8.3.6. Payment Gateway Integration | System should be integrated with the payment gateway so that the healthcare service users can pay the fee against the service offered. In addition to payment gateway integration, it should also allow recording of any offline payments. | We believed that Department will provide the Payment Gateway, please confirm. | | State will provided the Payment Gateway service and the MSP will integrate with their application. |
| 86 | 108 | 16. Timelines and Payment Schedule | Timelines and Payment Schedule | The given payment condition is not suitable as it will increase finance cost of bidder, so we request to revise the payment terms. | | As per RFP |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
|---|---|---|---|---|---|---|
| 87 | 11 ,Page no : 81 | 11. Technical Evaluation Criteria , SN-2 | Copy of Work order/ Client certificate/ Contract copy AND with Client project completion certificate specifying the project details and value vis a vis the criteria stated in the RFP. In case of an on-going project phased completion certificate (provided by client) should be submitted. and • A certificate from the Statutory Auditor/CA of the Bidder stating the project details vis a vis the criteria stated in the RFP stating value of the Project. (Please refer Annexure – II & IV) | Request you to allow change in clause in order for us to participate Copy of Work order/ Client certificate/ Contract copy AND with Client project completion certificate specifying the project details and value vis a vis the criteria stated in the RFP. In case of an on-going project phased completion certificate (provided by client) / Company secretary should be submitted. and • A certificate from the Statutory Auditor/CA of the Bidder stating the project details vis a vis the criteria stated in the RFP stating value of the Project. (Please refer Annexure – II & IV) | | Please refer corrigendum |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
|---|---|---|---|---|---|---|
| 88 | 11 ,Page no : 82 | 11. Technical Evaluation Criteria , SN-3 | Copy of Work order/ Client certificate/ Contract copy AND with Client project completion certificate specifying the project details and value vis a vis the criteria stated in the RFP. In case of an on-going project phased completion certificate (provided by client) should be submitted. and • A certificate from the Statutory Auditor/CA of the Bidder stating the project details vis a vis the criteria stated in the RFP stating value of the Project. (Please refer Annexure –II & IV) | Request you to allow change in clause in order for us to participate Copy of Work order/ Client certificate/ Contract copy AND with Client project completion certificate specifying the project details and value vis a vis the criteria stated in the RFP. In case of an on-going project phased completion certificate (provided by client) / Company secretary should be submitted.and• A certificate from the Statutory Auditor/CA of the Bidder stating the project details vis a vis the criteria stated in the RFP stating value of the Project.(Please refer Annexure – II & IV) | | Please refer corrigendum |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
|---|---|---|---|---|---|---|
| 89 | Tender Schedule - Page no. 10 | Last date and time of submission of online bids | 28th February 2022 by 18:00 Hrs. | Request you to extend the last date of submission by 2 weeks from 28th Feb, 2022 | | As per RFP |
| 90 | 78 | 10. Pre-Qualification Criteria | The Bidder should have average annual turnover of INR 200 (Two hundred) Crores in the last three financial years (i.e. 2018-2019, 2019-2020 & 2020-2021) from IT / ITES / Consulting Services. | Kindly consider minimum turnover criteria of Rs.50 crore from IT/ITES services | To enable wider participation, promote MSME and business impact due to COVID-19 | As per RFP |
| 91 | 81 | 11. Technical Evaluation Criteria | Financial Capability: | KINDLY CHANGE AS; | To enable wider participation, promote MSME and business impact due to COVID-19 | As per RFP |
| 92 | | | The bidder (in case of Consortium, cumulative turnover shall be accounted, and lead member shall meet minimum of 50% of Turnover) shall have a minimum average turnover of INR 200 Crore for the last 3 years from IT/ITeS/ Consulting services a. Minimum INR 200 Crore: 2 marks b. INR 200 – 300 Crore: | | | As per RFP |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
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| | | | 3 marks c. More than Rs. 300 Crore: 4 Marks | | | |
| 93 | | | | Financial Capability: | | As per RFP |
| 94 | | | | The bidder (in case of Consortium, cumulative turnover shall be accounted, and lead member shall meet minimum of 50% of Turnover) shall have a minimum average turnover of INR 200 50 Crore for the last 3 years from IT/ITeS/ Consulting services a. Minimum INR 200 50 Crore: 2 marks b. INR 200 – 300 50-100 Crore: 3 marks c. More than Rs. 300 100 Crore: 4 Marks | | As per RFP |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
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| 95 | | 11. Technical Evaluation Criteria | Bidder's Experience: | Kindly explain the projects being considered under these categories (IT Transformational project / ICT Components / E-Governance/ Digital Solution projects) | | Please refer corrigendum |
| 96 | | | The bidder or consortium members have experience in ongoing or completed projects of total value in design, development, implementation of projects in IT Transformational project / ICT Components / E-Governance/ Digital Solution projects with any Government / State Government / PSUs in last five (5) years (from FY 2016-21). | | | Please refer corrigendum |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
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| 97 | | | Bidder's Experience: The bidder or consortium members have experience in Government Advisory cum Supervision & Monitoring related engagement involving mobilization of minimum of 100 team members on ground and providing state-wide implementation support in Infrastructure / Development sector projects in any Government / State Government / PSUs in last five years (from FY 2016-21) I. If project cost is more than INR 200 Cr. (maximum up to 03 projects) – Max. 03 Mark | Kindly also consider projects from under IT Transformational project / ICT Components / E-Governance/ Digital Solution projects | | Please refer corrigendum |
| 98 | | | a. Bidder Certification – Bidder (Sole bidder or in case of Consortium, any member of consortium) must be a CMMi Level 3 or above Certified Company<br>i. CMMi Level 3 (1 mark)<br>ii. CMMi Level 5 (3 marks) | Kindly consider only CMMI Level 3 for technical evaluation | | As per RFP |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
|---|---|---|---|---|---|---|
| 99 | 3.7/Pg. 33 | Command and Control Centre (CCC) | Command and Control Centre (CCC) | The RFP briefly specifies requirements for the Command & Control Centre(CCC) Platform. It does not mention technical requirements/compliance requirements for very important CCC solution platform. Please confirm if the bidder shall propose a state of the art CCC Solution with capabilities such as Integrating Alerts from Different Healthcare, Smart Solutions & Other Business Applications, Alert Management, Incident Management, Notification capabilities | This shall significantly help BSHDS Project in ensuring a state of the art CCC Platform for the overall benefit of the project. | MSP to propose best practices to achieve desired outcomes. |
| 100 | 3.7/Pg. 33 | Command and Control Centre (CCC) | Command and Control Centre (CCC) | Kindly provide the requirements about Alert Management, Incident Management, Notification capabilities etc for the CCC Platform | | MSP to propose best practices to achieve desired outcomes. |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
|---|---|---|---|---|---|---|
| 10 1 | 3.7/Pg. 33 | Command and Control Centre (CCC) | Command and Control Centre (CCC) | Kindly confirm if the bidder shall propose a feature rich Field User Mobile Application for response management. | | MSP to propose best practices to achieve desired outcomes. |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
|---|---|---|---|---|---|---|
| 10 2 | 3.7/Pg. 33 | Command and Control Centre (CCC) | Command and Control Centre (CCC) | Kindly confirm if the proposed Field User Mobile Application shall support the following basic capabilities:Mobile app user should submit the action taken report in form of text, audio, video or imagesShould have the feature of acknowledge and close the reportMobile application should have the facility to create POIs on the map to update the new locations to keep the map updatedAll the communication between the mobile apps and C&C platform should be on HTTP and by adding TLS encryption on https | | MSP to propose best practices to achieve desired outcomes. |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
|---|---|---|---|---|---|---|
| 103 | 3.7/Pg. 33 | Command and Control Centre (CCC) | Command and Control Centre (CCC) | Kindly clarify if both the CCC Application and Field User Mobile Application shall be certified as Safe-To-Host by Govt Of India Cert-In empanelled Security Auditor as on date of publishing of the bid. | | MSP to propose best practices to achieve desired outcomes. |
| 104 | 3.7/Pg. 33 | Command and Control Centre (CCC) | Command and Control Centre (CCC) | Kindly confirm if the proposed CCC OEM shall provide PO Copies/Work Order Copies for atleast five clients. | | As per RFP |
| 105 | 3.7/Pg. 33 | Command and Control Centre (CCC) | Command and Control Centre (CCC) | The proposed CCC platform should be published on atleast one of the leading global CSP marketplace i.e. AWS/Azure/GCP | | As per RFP |
| 106 | 3.7/Pg. 33 | Command and Control Centre (CCC) | Command and Control Centre (CCC) | Kindly confirm if the CCC OEMs which are registered under Start-up India and MSMEs shall be given preference | | As per RFP |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
|---|---|---|---|---|---|---|
| 107 | 3. Scope of Work, 23 | 3. Scope of Work | The key objective is to take the learnings from the previous Health ICT projects and fill the gaps with the advanced ICT applications and ramp-up the ICT solution that can helped in better health systems planning, development and support throughout the State. | We request to share the previous health ICT software modules/application details and technologies stack and also confirm if department has any technology constraints. | | MSP to propose best practices to achieve desired outcomes. |
| 108 | 3.9, 33 | 3.9. Centralized IT Helpdesk / Incident Management | A centralized IT Helpdesk is required to be set up as part of the scope. | Please confirm how many IT Helpdesk executive require to operate the Centralized IT Helpdesk, who will provide the sitting place, workstation, telephone line for Centralized IT Helpdesk.<br><br>As per our understanding Centralized IT Helpdesk will be operated after go live of system for 3 years. please confirm. | | MSP to propose best practices to achieve desired outcomes. |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
|---|---|---|---|---|---|---|
| 109 | 3.11, 36 | 3.11. Integration with IoT Devices and Kiosks | The proposed solution should be able to integrate medical devices through IoT devices to monitor functionalities of existing medical devices across health system of State. The proposed solution should have capabilities to provide ease of use for the public through Kiosks at intuitional level. | As per our understanding API for integration will be provided by department. Please confirm | | Department will facilitate to provide APIs from different vendors/partners |
| 110 | 3.12, 36 | 3.12. Training & Capacity Building | Training (including Technical training, Functional training etc.) of end-users is essential for ensuring that the implementation actually put to use and drive adoption sustainably | Kindly share the end user details to whom training will be provided. | | Please refer corrigendum |
| 111 | 3.12, 37 | 3.12. Training & Capacity Building | I) The cost incurred on carrying out the training at client's prescribed location(s) shall be borne by the MSP which includes trainer's and other support team member's fees/ salary along with all incidental expenses like travelling, lodging-boarding, local conveyance etc. | Please share the location details where training will be conducted for better understanding of training efforts. | | MSP should plan and propose both virtual and physical training sessions to cover all end users |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
|---|---|---|---|---|---|---|
| 11 2 | 4, 40 | 4. Schedule of Services | c) Integration of existing applications/Portals as specified in the RFP and further discussions with the client. | As per our understanding existing applications/Portals API for integration will be provided by department. Please confirm | | MSP to provid best practices for existing system intgerations. Department will fecilitate the applications to be integrated and their prioritization. |
| 11 3 | 4, 40 | 4. Schedule of Services | g) Data migration from existing (legacy) applications to the proposed (new) applications. | Please share the data size for which data migration required. | | Please refer corrigendum |
| 11 4 | 8.3.5, 58 | 8.3.5. Integration with SMS / e-Mail Gateway | SMS / e-Mail gateway should act as common communication service, integrated as part of Integrated Digital Health Solution framework, and should be used to deliver SMS/e-Mail-based services to all end users/patients and other stakeholders as well as healthcare staffs. | We believed that Department will provide the SMS / e-Mail Gateway, please confirm. | | The State is already using an SMS gateway from the IT department GoB. MSP is expected to integrate with these services. The state will facilitate necessary support for the same. |
| 11 5 | 8.3.6, 59 | 8.3.6. Payment Gateway Integration | System should be integrated with the payment gateway so that the healthcare service users can pay the fee against the service offered. In addition to payment gateway integration, it should also | We believed that Department will provide the Payment Gateway, please confirm. | | MSP is expected to integrate with the payment gateway. The State will provide the necessary support for the same. |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
|---|---|---|---|---|---|---|
| | | | allow recording of any offline payments. | | | |
| 116 | 108 | 16. Timelines and Payment Schedule | Timelines and Payment Schedule | The given payment condition is not suitable as it will increase finance cost of bidder, so we request to revise the payment terms. | | As per RFP |
| 117 | 12 | 1. Proposal Data Sheet, S.No. 7 (Earnest Money Deposit) | INR 2,00,00,000 (Rupee Two Crore only), in the form of Bank Guarantee issued by an Indian Nationalized / Scheduled Bank and drawn in favour of Managing Director, BMSICL payable at Patna valid for 6 months from the date of submission of bid. | Earnest Money Deposit (EMD) should be relaxed for PSUs. | Being a government organization, EMD may be relaxed for PSUs. | As per RFP |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
|---|---|---|---|---|---|---|
| 118 | 12 | 1. Proposal Data Sheet, S.No. 9 (Additional Bank Guarantee (For Implementation Period – 2 Years)) | 7% of the total contract value with 15 days from the date of issuance of work order / Letter of Intent / Letter of Award (For Implementation Period – 2 Years) from all Nationalized Banks or Private Sectors Banks or Commercial Banks | It is requested to relaxed this clause and only one performance bank guarantee of 3% of the total contract value for the entire duration of the project. | Due to covid 19, Ministry of Finance reduce the Performance security from existing 5-10% to 3% of the value of the contract. Therefore, two performance bank guarantees may not be asked. | As per RFP |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
|---|---|---|---|---|---|---|
| 119 | 82 | 11. Technical Evaluation Criteria, S. No. 2 point iii (Bidder's Experience) | Additional 02 Marks (1 mark for each project) if the bidder has experience of maintenance of contract for minimum 3 years in last 5 years | We understand that maintenance of health sector projects for minimum 3 years in last 5 years is asked. It is requested to consider the maintenance of any projects in the filed of design, development, implementation of projects in IT Transformational project / ICT Components / EGovernance/ Digital Solution projects with any Government / State Government / PSUs in last five (5) years | It may be relaxed for wider participation | As per RFP |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
|---|---|---|---|---|---|---|
| 120 | 10 | Last date and time of submission of online bids | 28th February 2022 by 18:00 Hrs. | It is requested to extend the last date of bid submission by 02 weeks beyond 28th February 2022 | Being a government organization, it takes time in internal approvals and selection of partners. We are working on arrangement of potential partners to submit a competitive bid. | As per RFP |
| 121 | 3.1.1 (Page-23) | Registration management | We need a robust Outpatient & Inpatient patient registration function to have better and efficient patient care process with features such as: - <br>• Follow-up patient with the same ID <br>• Token system generation | Please clarify if the hardware required for token generation needs to be procured by the MSP? | | Hardware procurement is not covered under scope of MSP |
| 122 | 3.1.4 (Page-25) | IPD Management | Features of In-patient Admission discharge transfer module- <br>• Tools for accompanying the decision-making process | Please clarify what tools are being asked for and whether these need to be procured by the MSP. | | As per RFP |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
|---|---|---|---|---|---|---|
| 12 3 | 3.4 (Page-33) | Electronic Health Record | The EHR will enable the doctors' access to all other applications relevant to their role through this application. For example, doctors would be able to:<br>• View and update patient demographics | Please clarify what is the proposed method of beneficiary identification? | | MSP to propose best practices to achieve desired outcomes. |
| 12 4 | 3.9(Page-34) | Centralized IT Helpdesk / Incident Management | Provide a service desk facility and to set up all necessary channels for reporting issues to help desk. The incident reporting channels will be the following:a. Specific E-Mail accountb. HIMS Web Portal / Mobile Appc. SMSd. Chatbots | Please clarify whether the hardware infra needed to setup the service desk would be provided by SHS? | | Hardware procurement is not covered under scope of MSP |
| 12 5 | 3.9(Page-34) | Centralized IT Helpdesk / Incident Management | Provide a service desk facility and to set up all necessary channels for reporting issues to help desk. The incident reporting channels will be the following:<br>a. Specific E-Mail account<br>b. HIMS Web Portal / Mobile App<br>c. SMS<br>d. Chatbots | Any indication on manpower requirements ? | | MSP to propose best practices to achieve desired outcomes. |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
|---|---|---|---|---|---|---|
| 126 | 3.10 (Page-35) | Ayushman Bharat Digital Mission (ABDM) Roll-out | MSP will be responsible for successful roll-out and adoption of ABDM in State. MSP should undertake below mentioned but not limited to indicative activities:<br>• Population of Health Facility Registry and Healthcare Professional Registry | Please clarify who would be responsible for collecting and supplying the data for the registries? | | MSP shall be responsible for successful roll out of ABDM and population of registries |
| 127 | 3.11. (Page-36) | Integration with IoT Devices and Kiosks | The proposed solution should be able to integrate medical devices through IoT devices to monitor functionalities of existing medical devices across health system of State. | What are the different types of medical devices that are being referred to? Are the devices compatible with HL7/FHIR data exchange standards. | | Type of devices : CT Scan Machines, X-ray machines, Ultrasound machines, Dialysis, Radiant Warmer (till SNCU level)Auto-analysers in laboratories (Bio-chemistry, immunology, Hematology).<br>Analog machines to be connected via IoT devices provided by the State.<br>And other digitally compatible devices to be connected through global standards e.g. HL7, DICOM |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
|---|---|---|---|---|---|---|
| 128 | 3.11. (Page-36) | Integration with IoT Devices and Kiosks | The proposed solution should be able to integrate medical devices through IoT devices to monitor functionalities of existing medical devices across health system of State. | Please clarify if the MSP is responsible for procuring the IoT devices and what is the approximate number of medical devices which needs to be integrated? | | Hardware procurement is not covered under scope of MSP |
| 129 | 8.1.4. (Page-53) | Access Layer (Omni Channel) | b) Mobile Interface - Solution should be developed following design for mobile app usability. | Please clarify if a separate Mobile app is required to be developed? If so does it need to be both Android and iOS compatible? | | MSP to propose best practices to achieve desired outcomes (both Android and iOS) |
| 130 | 8.1.5. (Page-53) | Application Layer | b) User authentication and authorization | What is the number of users of the system (for each module)? | | Integration with Ayushman bharat Digital Mission (ABDM) and other Government schemes to be done and standards to be adhered for Rigistration Management |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
|---|---|---|---|---|---|---|
| 13 1 | 8.3.5.(Page-58) | Integration with SMS / e-Mail Gateway | SMS / e-Mail gateway should act as common communication service, integrated as part of Integrated Digital Health Solution framework, and should be used to deliver SMS/e-Mail-based services to all end users/patients and other stakeholders as well as healthcare staffs. | Please specify if SHS is currently using and SMS gateway and whether the cost for the same would be borne by SHS? | | State will provided the SMS Gateway service and the MSP will integrate with their application. |
| 13 2 | 3.5 (pg. 33) | | The proposed solution needs to integrate with existing state applications and solution to track and monitor beneficiaries under other program. Integration with other State-based health programs is also envisaged and should be taken up by MSP | Please specify which state applications need to be integrated | | A list of existing applications has been provided in corrigendum |
| 13 3 | 3.12 (pg. 36) | | Therefore, the MSP shall also ensure proper training to the designated end-users on the system to make them well conversant with the functionalities, features and processes built in the proposed system. | Please specify expected no of training and the size of a training session and location | | Average number of users provided in the corrigendum. MSP to propose best practices to achieve desired outcomes. |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
|---|---|---|---|---|---|---|
| 134 | 3.13 (pg. 37) | | The MSP on regular intervals will conduct a detailed analysis of adoption amongst all the staff and submit a report to GoB, | There is no payment milestone linked to this. How will this be linked to payment milestone ? | | As per RFP. This is an activity to be carried by MSP during O&M Phase and the Outcome shall be discussed with GOB, basis which corrective action shall be taken to improve adoption. |
| 135 | 3.2 (pg. 31) | | MSP will be responsible to integrate proposed institutional ERP to State applications (but not limited to) like eUpkaran, PFMS, CFMS, Tally and State HRMS | For proper estimation we need to know the exact number of applications to be integrated. | | A list of existing applications has been provided in corrigendum |
| 136 | 3.2 (pg. 31) | | MSP will be responsible to integrate proposed institutional ERP to State applications (but not limited to) like eUpkaran, PFMS, CFMS, Tally and State HRMS | There is already a state HRMS system developed. For this project do we have to integrated with state HRMS or build a separate HRMS system | | MSP is expected to build an institutional HRMS system which will be integrated to state HRMS |
| 137 | 4 (pg. 40) | schedule of services | Data migration from existing (legacy) applications to the proposed (new) applications. | Please provide list of all applications whose data needs to be migrated. Please confirm if data will be available in electronic format | | Please refer corrigendum |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
|---|---|---|---|---|---|---|
| 138 | 4 (pg. 40) | schedule of services | Data migration from existing (legacy) applications to the proposed (new) applications. | Please confirm if data digitization is part of the RFP scope | | No |
| 139 | 4 (pg. 40) | schedule of services | Provide Support in Third Party Security Audit of the Applications, Portal and associated Certifications & address findings (Third party auditor will be appointed by MSP in coordination and approval with relevant stakeholders) | Please confirm if cost for 3rd party audit to be borne by client or MSP | | To be borned by MSP |
| 140 | 4 (pg. 40) | schedule of services | MSP will be responsible for provisioning of cloud services from MeitY empanelled cloud service providers for the contract period. | Please confirm if MSP is responsible for both DC and DR for the cloud | | Yes MSP will be responsible for DC & DR |
| 141 | 17 | Objective 1 | Digitization of Frontline Workers' functions (through development of applications or integration with existing application) and Digitization of all community health activities and functions. | What is the present level of digitization? What data are captured? We assume digitization of physical records is not in the scope of the MSP | We should not get involved in digitization of physical records. | Digitization of physical records is not part of scope for MSP |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
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| 14 2 | 17 | Objective 1 | Connected medical devices at all levels of care for automated/ minimalistic assisted screening and diagnostic services and preventive care | We understand that there could be integration challenges for some of the older machines and SDKs may not be available for integration. We would require a comprehensive list of equipment along with make, model and SDK for integration | | Type of devices : CT Scan Machines, X-ray machines, Ultrasound machines, Dialysis, Radiant Warmer (till SNCU level)Auto-analysers in laboratories (Bio-chemistry, immunology, Hematology). Analog machines to be connected via IoT devices provided by the State. And other digitally compatible devices to be connected through global standards e.g. HL7, DICOM |
| 14 3 | 23 | 3.1.1 | Registration Management | Is it envisaged to issue Health Card or Smart Cards to patients with QR Code or Bar Code? | It would have additional impact for procurement, printing and manpower deployment. | Not part of the RFP |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
|---|---|---|---|---|---|---|
| 14 4 | 23 | 3.1.1 | Registration Management | For Token Management System, does MSP have to procure, install, maintain Digital Display Boards as well? | | Hardware procurement is not covered under scope of MSP |
| 14 5 | 23 | 3.1.1 | Registration Management | What all central and state government schemes need to be integrated as the same would have bearing on registration fee (and later treatment fee). Further, there could be different fee structure for government staff, specific categories of patients and repeat patients within stipulated duration. We would require these details. | This is very critical and has a significant bearing on Go-live and our payments. | Integration with Ayushman Bharat Digital Mission (ABDM) and other Government schemes to be done and standards to be adhered for Rigistration Management |
| 14 6 | 23 | 3.1.1 | Registration Management | Are referral of patients envisaged from one healthcare facility to another? If yes, then what are the applicable scenario and geography and category mapping. | | Referrals can happen across any region and any geography within the state |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
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| 147 | 23 | 3.1.2 | Appointment Management | Is there an existing HRMS system that records and maintains the rosters of doctors? If yes, is it integrated with the Leave Management Module of HRMS? If yes, is the same implemented across all the healthcare facilities? | | Separate roaster management to be develped by the MSP and existing HRMS application/features to be integrated. |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
|---|---|---|---|---|---|---|
| 148 | - | - | General Query | We would require a list of all existing IT Applications along with their status of implementation as per category of Healthcare Facility. This is essential to understand the quantum of required integration. | | Type of devices : CT Scan Machines, X-ray machines, Ultrasound machines, Dialysis, Radiant Warmer (till SNCU level)Auto-analysers in laboratories (Bio-chemistry, immunology, Hematology). Analog machines to be connected via IoT devices provided by the State.And other digitally compatible devices to be connected through global standards e.g. HL7, DICOM |
| 149 | 23 | 3.1.3 | OPD Management | Are templates as per specific specialization along with charts and graphs also envisaged for online implementation? | | MSP to propose best practices to achieve desired outcomes. |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
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| 150 | - | - | General Query | Are the web and mobile applications expected to have bilingual support for English and Hindi? | Only English is preferable to us. | Bilingual support is desired |
| 151 | - | - | General Query | Are login ids envisaged for citizens to access their EHR? If yes, what is the estimated 'eligible' unique patient count? | User Management for citizens would be an issue without good Helpdesk support | The state envisions UHID for every citizen. MSP to propose best practices in order to achieve the desired outcome |
| 152 | 25 | 3.1.5 | Laboratory Information System | Is expected that lab reports would be made available online for the consumption/reference of patients? | | Yes |
| 153 | 25 | 3.1.6 | Radiology Information System | Is the PACS module envisaged for local/on-premise deployment in offline mode with transfer of data at defined intervals or is it envisaged for real-time centralized online deployment? | | Please refer corrigendum |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
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| 15 4 | - | - | General Query | We would require the list of users from medical side (Doctors, nurses, admin staff, pharmacists, technicians etc.) as per healthcare facility. If not available, indicative numbers as per category of facility or class of employee would also help. | | Please refer corrigendum |
| 15 5 | 28 | 3.1.14 | Queue Management System | Are digital signages also expected for facilitating patient navigation within the healthcare facility? | | Hardware procurement is not part of scope for MSP |
| 15 6 | 31 | 3.2 | Various ERP Modules | Are there presently no systems at all for the various modules envisaged? We would require the details for the number of users, licenses along with types and transaction details to formulate a strategy | | Please refer corrigendum |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
|---|---|---|---|---|---|---|
| 15 7 | 31 | 3.2 | Various ERP Modules | Is there a preference or mandate for products of specialized OEMs or bespoke applications would be also be acceptable? | We should prefer bespoke applications with limited data sets. | As per RFP |
| 15 8 | 31 | 3.2 | Various ERP Modules | ERP implementations are typically comprehensive. Hence, we would request the features and functionalities be clearly defined and be restricted only to the inter-linkages required for hospital, patient and administration matters. For example Procurement of goods and management of staff be excluded. We can mutually define the required data sets. | | MSP to propose best practices to achieve desired outcomes. |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
|---|---|---|---|---|---|---|
| 159 | 33 | 3.5 | Integrations | We would require details of the list of applications to be integrated with the following additional details - Technology stack, applicability to healthcare facility category, present status, key data points for integration and frequency for data exchange. | | A list of existing applications has been provided in corrigendum |
| 160 | 33 | 3.6 | Performance Management and Ratings | We would require more details with regard to the framework, evaluation parameters and also applicability. | | As per RFP |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
|---|---|---|---|---|---|---|
| 16 1 | 33 | 3.7 | Command and Control Centre (CCC) | Is it envisaged to set-up a physical site as CCC as well in the scope of the MSP? If yes, then there would be more details required with regard to space, infrastructure, components, operationalization, civil, electrical, mechanical and plumbing works. | We should avoid physical CCC. | Physical site is not under the scope for MSP |
| 16 2 | 33 | 3.8 | Centralized Accident and Trauma Services | We would require more details expected from software features and functionalities perspective as the present documentation is very generic in nature. | | As per RFP |
| 16 3 | 34 | 3.9 | Centralized IT Helpdesk / Incident Management | Are the services envisaged 24x7? Days and duration of services are requested to be defined. | | Yes |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
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| 16 4 | 36 | 3.11 | Integration with IoT Devices and Kiosks | Is the MSP expected to provide Kiosks? If yes, how many and at what locations? | | Only software components and integration is supposed to be provided by MSP |
| 16 5 | 36 | 3.11 | Integration with IoT Devices and Kiosks | Older devices may not support integration and there is dependency on their SDKs. What IoT devices and integration requirements are expected? What are the types of medical devices expected for integration? What are the parameters to be integrated? | | Type of devices : CT Scan Machines, X-ray machines, Ultrasound machines, Dialysis, Radiant Warmer (till SNCU level)Auto-analysers in laboratories (Bio-chemistry, immunology, Hematology). Analog machines to be connected via IoT devices provided by the State.And other digitally compatible devices to be connected through global standards e.g. HL7, DICOM |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
|---|---|---|---|---|---|---|
| 166 | 36 | 3.11 | Integration with IoT Devices and Kiosks | Who would procure, install and maintain the IoT devices? | | Hardware procurement is not part of scope for MSP |
| 167 | 36 | 3.12 | Training & Capacity Building | We would require the number of participants/trainees to estimate the cost involved | | Doctor, Nurses, Paramedics-Lab technicians, Radiology Technicians, Data Entry operators, Administrative staff, Management functionaries, ANMs ASHA, |
| 168 | 36 | 3.12 | Training & Capacity Building | We would prefer the individual training concept over Train the Trainer as the availability and knowledge transfer may delay the implementation and desired results. | | MSP to propose best practices to achieve desired outcomes. |
| 169 | 36 | 3.12 | Training & Capacity Building | The preferred batch size is to be defined for planning exercise. | | MSP to propose best practices to achieve desired outcomes. |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
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| 170 | 36 | 3.12 | Training & Capacity Building | Are hard/physical copies required for each trainee? We would prefer to upload the PDF and video files in the application suite itself. | | MSP to propose best practices to achieve desired outcomes. |
| 171 | 36 | 3.12 | Training & Capacity Building | We understand that MSP would have to arrange for laptop/computers and network connectivity. Hence, suggest that purchaser may set-up dedicated training centres that would serve the purpose for both initial and refresher trainings. | | MSP to propose best practices to achieve desired outcomes. |
| 172 | 36 | 3.12 | The MSP will be responsible for re-conducting the training of the whole batch in case the average score is less than 70% and the additional cost of such re-training sessions shall be borne by the selected bidder himself. | We request to drop this clause as there is subjectivity involved in the evaluation process. | | As per RFP |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
|---|---|---|---|---|---|---|
| 173 | 37 | 3.13 | Adoption and Sustainability (Change Management) | Are these expected at all healthcare facilities? We would prefer to devise a strategy at the central level and drive it top down. | | MSP to propose best practices to achieve desired outcomes. |
| 174 | 37 | 3.13 | Adoption and Sustainability (Change Management) | We understand that purchase will bear the cost for printing of material and those involved towards running the campaigns. | | MSP will be responsible for all activities related to Training and Capacity Building throughout the contract period. |
| 175 | 40 | 4.1 - d | Schedule of services | We understand that mobile application is to be developed in both Android and iOS version. Please confirm. | | MSP to propose best practices to achieve desired outcomes (both Android and iOS) |
| 176 | 40 | 4.1 - d | Schedule of services | Mobile Application may not be possible for each and every module and functionality. Hence, we would have to undertake a thorough exercise to determine the final features set. | | MSP to propose best practices and solutions as per feasibility for every module as per Scope of Work. |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
|---|---|---|---|---|---|---|
| 177 | 40 | 4.1 - f | Schedule of services | We understand that MSP will be responsible for providing DC as well as DR services as part of cloud hosting. We wish to understand DR is what % of DC? Is HA expected in DR as well? What are the RTO and RPO metrics? | | Proposed solution shall adhere the defined application SLAs. |
| 178 | 40 | 4.1 - g | Schedule of services | Please provide the list of legacy applications along with the indicative data sets with respect to nature and number of records. | | Please refer corrigendum |
| 179 | 40 | 4.1 - K | Schedule of services | How many iterations and at what frequency are the security audits expected? | | Security Audit is expected to be carried out before Go-Live for Each IT-Suite and Audit expected to be carried out every year post-Go-Live |
| 180 | 42 | 5 | Implementation Plan | Implementation period of 6 months is very aggressive. We request to consider it as 9 months. | | As per RFP |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
|---|---|---|---|---|---|---|
| 18 1 | 42 | 5 | Implementation Plan | Request your guidance and directions how approval of few (not all modules or health facilities) will affect Go-Live. There could be instances where the pilot may be implemented in one facility, but not at other facilities within the same district? Further, how would milestones and payments be approved if project gets implemented in few and not all districts in a particular year. | | As per RFP |
| 18 2 | - | - | General Query | Any additional tools for project management, bug tracking and for testing related activities are to be procured in the name of the Purchaser? Will they be owned by the MSP or the Purchaser? | | As per RFP |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
|---|---|---|---|---|---|---|
| 18 3 | - | - | General Query | What is the deployment architecture envisaged - complete cloud or hybrid? | | MSP to propose best practices to achieve desired outcomes. |
| 18 4 | - | - | General Query | Who would provide the network connectivity required for operations? | | Yes |
| 18 5 | 44 | 6 | General Query | We suggest that committees be set-up at three levels - Steering, Technical and Executive to drive the overall project | | As per RFP |
| 18 6 | 48 | 7 | Project Governance Structure and Monitoring | Will the Project Management Tool be procured and handed over to the Purchaser? If yes, how many licenses would be required? | | MSP to propose best practices to achieve desired outcomes. |
| 18 7 | 59 | 8.3.6 | Payment Gateway Integration | it will eb whose responsibility to procure the Payment Gateway service? | | State will provided the Payment Gateway service and the MSP will integrate with their application. |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
|---|---|---|---|---|---|---|
| 188 | 60 | 8.4.1 | Health Analytics & Advisory | Some of the scope relates to that of Project Consultants. Request to clarify the scope for the MSP. | | As per RFP |
| 189 | 82 | 11.5 | Technical Evaluation Criteria | We request that one mark be considered independently for each of the three certifications. | | Please refer corrigendum |
| 190 | 83 | 11.6 | Technical Evaluation Criteria | We request to give further break-up of marks for the Approach & Methodology as per the desired details. | | As per RFP |
| 191 | 83 | 11.7 | Technical Evaluation Criteria | We request for details with regard to the structure, contents and coverage for the presentation as well as demonstration. | | As per RFP |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
|---|---|---|---|---|---|---|
| 192 | 83 | 11.7 | Technical Evaluation Criteria | We feel 50 marks for the demonstration is too high and the time may not be adequate to demonstrate the complete solution. Hence, compliance to Functional Requirements be sought and marks be allotted in the range of 25 to 30 marks for the same. | | As per RFP |
| 193 | - | 11.7 | Technical Evaluation Criteria | We request that additional criteria and marks be allotted for relevant experience in HIMS and based on the number of beds and coverage of healthcare facilities. | | As per RFP |
| 194 | 89 | 13.4 | Performance Bank Guarantee & Additional Bank Guarantee | We request to consider PBG of the value as maximum 5% of the total contract value (rather than 10%) for the duration of the project across the phases. | | As per RFP |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
|---|---|---|---|---|---|---|
| 195 | 109 | 16.1 | Timelines and Payment Schedule | While both the MSP and the Purchaser would strive to ensure successful pilot roll-outs, we request that payment milestones be defined for customization of solutions as well. | | As per RFP |
| 196 | - | - | General Query | The RFP does not mention about deployment of Functional Experts and Field Level Staff. Request to clarify the envisaged resource deployment structure and location of deployment . | | MSP to propose best practices to achieve desired outcomes. |
| 197 | - | - | General Query | Who will procure and provide SMS and Email Gateway? | | State will provided the SMS and e-Mail Gateway service and the MSP will integrate with their application. |
| 198 | - | - | General Query | There is no Bill of Material and Bill of Quantity included in the RFP. Request to provide the same. | | As per RFP |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
|---|---|---|---|---|---|---|
| 19 9 | - | - | General Query | We request that commercial bid format be more detailed and included break-up as per phase and components. | | As per RFP |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
|---|---|---|---|---|---|---|
| 20 0 | Clause 3 -Scope of Work Figure 3 - Proposed Solution - Page No. 22 | Proposed Solution | The Figure shows 11+ Govt Applications in a Blue Box | Is the proposed solution expecting to continue to use these apps or would you be open to a more comprehensive application that can manage multiple health services (such as RMNCH, NCD, TB, etc) to reduce the number of individual applications that a front line worker will need to use on a regular basis | The number of mobile applications that a Health Worker such as ANM or an ASHA has to use is too many although the denominator population is the same and many of the data points (especially Demographics) will be the same. Our approach to solution would be to reduce the number of individual front end apps to make it easy for the community level workers and hence the question. | MSP to propose best practices to achieve desired outcomes. |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
|---|---|---|---|---|---|---|
| 20 1 | 8.50, 60 | 8.50. | Infrastructure Requirement | MSP to provided end to end Solution Stack | 1. Do you have Oracle License with the govt or any enterprise database license. Or  This need to be provided by the bidder ? 2. End user devices and hospital infra specification will be provided by MSP and procurement will be done by which agency and in what timeline. If any delay in that procurement, what impact that will have in MSP timeline. | 1. Software license required for the proposed solution by the MSP is under the scope of MSP. 2. Hardware procurement is not under the scope of MSP |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
|---|---|---|---|---|---|---|
| 20 2 | 3.12, 36 | 3.2. Enterprise Resource Planning (ERP) | 3.12. Training & Capacity Building | The selected bidder shall arrange for training sessions for all end users on individual basis or TOT(Training of Trainers) model. | Estimation Cost based on every individual training will be too high.Our Suggestion to have TOT and team was pre decided for the same.Re-training of the above staffs is required whenever significant changes are implemented in the application and/ or personnel. If there is any replacement in the internal team will be trained by the Trainer appointment on this project by the Govt, Bidder will not be responsible for the same. | As per RFP |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
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| 20 3 | 14.1.1.3, 92 | 14. General Terms and Conditions | 14.1.1.3. | Support Solutions like PACS etc. and Proposed innovative solutions by MSP | Do we need to include the License Fee of PACS inside the Bid cost or it should be managed by the Govt. If it would be the part of Bid, so please suggest the number of license required. | Please refer corrigendum |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
|---|---|---|---|---|---|---|
| 204 | 14.1.1.2, 92 | 14. General Terms and Conditions | 14.1.1.2. | Work related to data entry | Data Entry Operators Need to provided by the Govt or the Vendor for District Hospitals (DHs), Sub-Divisional Hospitals (SDHs) which is nearly 81 hospitals.Approx. 5 Data Entry Operators for 1 hospitalNearly 405 data operator required | Pl. Refer Clause 14.1 - Sub-contracting - 14.1.1.2. Work related to data entry |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
|---|---|---|---|---|---|---|
| 20 5 | 3.5., 33 | 3.5. Integrations | 3.5 | The proposed solution needs to integrate with existing state applications and solution to track and monitor beneficiaries under other program. Integration with other State-based health programs is also envisaged and should be taken up by MSP. | Integration with State Application, Will you please highlight all the state level application need to be integrated in the solution. As we must know the scope of integration as well. | A list of existing applications has been provided in corrigendum |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
|---|---|---|---|---|---|---|
| 20 6 | 10, 78 | Pre-Qualification Criteria, 2 Total Turnover | 2 Total Turnover | The Bidder should have average annual turnover of INR 200 (Two hundred) Crores in the last three financial years (i.e. 2018-2019, 2019-2020 & 2020-2021) from IT / ITES / Consulting Services. | We have a ready to deploy application platform working in a similar size Indian state across 700+ healthcare facilities and Our average turnover is 100 CR, hence request to reduce Turnover from 200 CR to 100 CR. | As per RFP |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
|---|---|---|---|---|---|---|
| 20 7 | 10, 78 | Pre-Qualification Criteria | | Similar Solution Experience | Weightage to the bidders, which are having state level experience of implementing similar IHMS solution, has not been given in Pre-Qualification Criteria. Kindly request you to include the same in pre-qualification criteria. | As per RFP |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
|---|---|---|---|---|---|---|
| 20 8 | 11, 81 | 11. Technical Evaluation Criteria | | The bidder (in case of Consortium, cumulative turnover shall be accounted, and lead member shall meet minimum of 50% of Turnover) shall have a minimum average turnover of INR 200 Crore for the last 3 years from IT/ITeS/ Consulting services a. Minimum INR 200 Crore: 2 marks b. INR 200 – 300 Crore: 3 marks c. More than Rs. 300 Crore: 4 Marks | As the clause is specific to limited bidders, we would request you to amend the clause as under: The bidder (in case of Consortium, cumulative turnover shall be accounted, and lead member shall meet minimum of 50% of Turnover) shall have a minimum average turnover of INR 100 Crore for the last 3 years from IT/ITeS/ Consulting services a. Minimum INR 100 Crore: 2 marks b. INR 100 – 200 Crore: 3 marks c. More than Rs. 200 Crore: 4 Marks | As per RFP |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
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| 20 9 | 11, 82 | 11. Technical Evaluation Criteria | Bidder's Experience | Bidder's Experience | The strength of the project is in state-wide rollout/implementation but you have not asked same in pre-qualification as well as technical evaluation criteria. So, we request you to add below clause as under:The bidder should have implemented an IHMS Solution for more than 400 Hospitals:400 Hospitals - 5 Marks401 to 500 Hospitals - 10 MarksAbove 500 Hospitals - 15 Marks | As per RFP |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
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| 210 | 11, 82 | 11. Technical Evaluation Criteria | Bidder's Experience | The bidder or consortium members have experience in Government Advisory cum Supervision & Monitoring related engagement involving mobilization of minimum of 100 team members on ground and providing state-wide implementation support in Infrastructure / Development sector projects in any Government / State Government / PSUs in last five years (from FY 2016-21)

I. If project cost is more than INR 200 Cr. (maximum up to 03 projects) – Max. 03 Mark
II. Additional 01 marks if the project is executed in health domain sector involving deployment of more than 200 personals at the State/Dist./Block level for the any organization of central or State or PSUs | As the project is not a consulting or government advisory project, it is an IHMS Software rollout and implementation project, so we would request you to amend the clause as under:
The bidder or consortium members have experience in providing state-wide rollout and implementation Software projects in any Government / State Government / PSUs in last five years (from FY 2016-21)
Also, project value is very high, so please amend the clause as under:
I. If project cost is more than INR 10 Cr. (maximum up to 03 projects) – Max. 05 Mark
II. Additional 05 marks if atleast one project is executed in health domain sector involving deployment of manpower for the any organization of central or State or PSUs | As per RFP |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
|---|---|---|---|---|---|---|
| 21 1 | 11, 83 | 11. Technical Evaluation Criteria | | Approach and MethodologyTechnical Presentation and Functional Demonstration | As the marking is more in subjective ground, to make it more objective and have more transparency in the bid, we request you to add some more objective criteria. | As per RFP |
| 21 2 | 3.1, 30 | 3.1.19. Technical Specification | 7. Picture archiving and communication system (PACS) | Digital storage, transmission and retrieval of radiology image | Licenses for PACS and all other components,   Exiting PACS need Integrate  or Bidder need to setup  new PACS system | Please refer corrigendum |
| 21 3 | 6, 45 | 6. Stakeholder's Roles and Responsibilities | 2. Execution Agency State Health Society (SHS) | Provide adequate space and compute resources at the State Data Centre for hosting requirement | Is Cloud hosting a part of bidder or provided by the Govt ? | Cloud hosting is under the scope of MSP |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
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| 21 4 | General | | | Required Hardware and Infrastructures | Will be Provided by Bihar Medical Services and Infrastructure Corporation Limited? | Hardware procurement is not part of scope for MSP |
| 21 5 | General | | | Delay in the Procurement.. | Any Delay in the procurement of the infrastructure will impact the golive plan. What's the procedure for the same ? | MSP will not be responsible for delays in hardware Procurement which are in scope of State Health Society |
| 21 6 | 02,78 | 10. Pre-Qualification Criteria | Total Turnover (Shall be applicable for lead consortium member in case of consortium) The Bidder should have average annual turnover of INR 200 (Two hundred) Crores in the last three financial years (i.e. 2018-2019, 2019-2020 & 2020-2021) from IT / ITES / Consulting Services. | We would request your good office to kindly allow to consider annual turnover including subsidiaries and group companies. | By allowing so the other companies from good financial/Technical background can also participate. | As per RFP |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
|---|---|---|---|---|---|---|
| 21 7 | 01,81 | 11. Technical Evaluation Criteria | Financial Capability: The bidder (in case of Consortium, cumulative turnover shall be accounted, and lead member shall meet minimum of 50% of Turnover) shall have a minimum average turnover of INR 200 Crore for the last 3 years from IT/ITeS/ Consulting services a. Minimum INR 200 Crore: 2 marks b. INR 200 – 300 Crore: 3 marks c. More than Rs. 300 Crore: 4 Marks | We would request your good office to kindly allow to consider annual turnover including subsidiaries and group companies. | By allowing so the other companies from good financial/Technical background can also participate. | As per RFP |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
|---|---|---|---|---|---|---|
| 218 | 03,82 | 11. Technical Evaluation Criteria | Bidder's Experience: The bidder or consortium members have experience in Government Advisory cum Supervision & Monitoring related engagement involving mobilization of minimum of 100 team members on ground and providing state-wide implementation support in Infrastructure / Development sector projects in any Government / State Government / PSUs in last five years (from FY 2016-21) I. If project cost is more than INR 200 Cr. (maximum up to 03 projects) – Max. 03 Mark II. Additional 01 marks if the project is executed in health domain sector involving deployment of more than 200 personals at the State/Dist./Block level for the any organization of central or State or PSUs III. Additional 01 mark if the project is executed in State of Bihar | We would request you to kindly consider project category from any wide project under IT/ICT/Application Development implemented for any Government / State Government / PSUs/Private/University in last five years (from FY 2016-21) | By allowing so the good company from technology background/Application development will be able to add their project experience also it will be not retracting to other good technology companies those who may not be having government advisory cum super vision. But may have proven track recode in customer centric wide project implemented. | As per RFP |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
|---|---|---|---|---|---|---|
| 21 9 | 9.11,70 | 9.11. Earnest Money Deposit | The Bidder shall furnish, as part of its Bid, an Earnest Money Deposit (EMD) of INR 2 Crore /- (INR Two Crore only) through means of a Bank Guarantee (as per Annexure – IX), from a scheduled bank, drawn in favour of MD, BMSICL, valid for 180 days from the Bid submission end date, payable at Patna, Bihar. No Bidder is exempted from furnishing the said EMD. The currency of the EMD shall be Indian Rupees (INR) only. | we request you to consider EMD exemption for MSE companies which is registered under UDYAM as per government G.O. | we request you to consider EMD exemption for MSE companies which is registered under UDYAM as per government G.O. | As per RFP |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
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| 220 | 40 | 4. Schedule of Services | MSP will be responsible for provisioning of cloud services from MeitY empanelled cloud service providers for the contract period. | | As we have only mentioned just the MeitY empanelled CSP and hence request to add below points to get quality service:1. CSP should have ISO 22301 certification for business continuity implementation.2. CSP will have accreditations relevant to security, availability, confidentiality, processing integrity, and/or privacy Trust Services principles. SOC 1, SOC 2, SOC 3 along with PCIDSS.This point would help the department to have compliant with different security requirement for storing the data.3. Compute Auto-scaling Capabilities: The cloud system should be able to automatically spin new instances from an image on events like CPU utilization, network throughput and Disk read and write operations. Also, Should be able to use preconfigured, template images to get servers launched or create an image containing our | MSP to provide MeitY impanelled cloud solution provider and hosting of solution components as part of the proposed solution. GoB shall be responsible to fecilitates the procurement of desired infrastructure. |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
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| | | | | | applications, libraries, data, and associated configuration settings.4.CSP should provide the option of managing and deployment of the containers in an on premise and multi-cloud environment. It should also give the functionality to be able to migrate VM's to containers as part of application modernization.5. CSP should be able to give the unit price for vCPU and per GB of RAM for the VM's.6. CSP's VPC should span across two data centres ( cloud DC & DR) without communicating across the public internet or requiring additional peering.7. CSP should be able to provide average sub millisecond retrieval time for all the data tiers available including the data stored in archive tier | |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
|---|---|---|---|---|---|---|
| 22 1 | 2.3, 19 | 2.3. Bihar State Health Profile | Healthcare Infrastructure in Bihar | Kindly provide the total number of users (including ASHA/ANM/Health Workers), total admissions per day, total OPD per day, total beds. Also total number of users at Command Control Centre | The user count will help to estimate overall workload and plan sufficient CSP infrastructure for it | Doctor, Nurses, Paramedics-Lab technicians, Radiology Technicians, Data Entry operators, Administrative staff, Management functionaries, ANMs ASHA, |
| 22 2 | 2.4, 19 | 2.4. Important Departments/ Organisations | BMSICL (Central Procurement Agency in Bihar) | Do we need to integrate with BMSICL software as well? | | As per RFP |
| 22 3 | 44642 | 3. Scope of Work | The proposed solution should have applications which are required to be developed, customized, implemented and integrated, MSP is expected not to limit scope to below mentioned applications only. Bidder may offer to implement additional applications (if required) to achieve proposed outcomes. | Kindly provide the list of existing applications to be integrated with HIMS and Community services application | | A list of existing applications has been provided in corrigendum |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
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| 224 | 3.1.5,25 | 3.1.5. Laboratory Information System | Right from managing samples to interfacing machines with specific rules to auto-generate reports and deliver them automatically to patients. | Can we get the approximate number of laboratory devices to be interfaced? | | Type of devices : CT Scan Machines, X-ray machines, Ultrasound machines, Dialysis, Radiant Warmer (till SNCU level)Auto-analysers in laboratories (Bio-chemistry, immunology, Hematology). Analog machines to be connected via IoT devices provided by the State.And other digitally compatible devices to be connected through global standards e.g. HL7, DICOM |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
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| 22 5 | 3.1.6,25 | 3.1.6. Radiology Information System | Storing – Stores images obtained from RIS imaging devices and any other relevant patient information on the database. | PACS integration is in scope or vendor needs to provide the PACS solution? If PACS solution is to be provided, kindly let us know the approx. number of viewing user count | | Please refer corrigendum |
| 22 6 | 3.1.7, 26 | 3.1.7. Inventory Management | An automated inventory management system where users of health institutions can use the system to streamline the health institutions' inventory at store and sub-store level. | We are assuming the procurement will happen from BMSICL software and stocks will be transferred to HIMS Inventory module. Kindly confirm | | Hospital store management application to be developed and integrated with DVDMS |
| 22 7 | 3.1.15, 28 | 3.1.15. Quality Management System | The intent is to evaluate whether system is adhering to the principles and requirements as prescribed by the overseeing regulatory body and, equally importantly, the expectations of its customers. | Please elaborate the functional scope of this module | | NABH, NABL Guidelines to follow pollution control norms including bio waste management |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
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| 22 8 | 3.2.4,32 | 3.2.4. Supply chain management | Supply chain management has been an integral part of ERP solutions adopted by several enterprises. State and health institutions need to interact with various suppliers and partners to obtain the supplies at the right time and at the right amount to provide appropriate care to population. | The supply chain module will replace the BMSICL (Central Procurement Agency in Bihar). Kindly elaborate the detailed functionalities and workflows which are expected from Supply Chain Module | | MSP to propose best practices to achieve desired outcomes. |
| 22 9 | 3.5,33 | 3.5. Integrations | The proposed solution needs to integrate with existing state applications and solution to track and monitor beneficiaries under other program. Integration with other State-based health programs is also envisaged and should be taken up by MSP | Kindly provide the list of existing applications to be integrated with HIMS and Community services application | | A list of existing applications has been provided in corrigendum |
| 23 0 | 3.6,33 | 3.6. Performance Management and Rating | There are certain criteria which define a certain matrix to set up the District Health Realtime Ranking. Ranking may be generated based on the data collected through the state application and modules developed. | Kindly elaborate the module scope in detail | | MSP to propose best practices to achieve desired outcomes. |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
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| 23 1 | 3.8,33 | 3.8. Centralized Accident and Trauma Services | These are facilities that are used to manage emergency situations involving trauma and accidents. | What is the difference between the 'Centralized Accident & Trauma Services' and 'Casualty / Emergency' module workflow? Please elaborate | | Centralized Accident & Trauma Services are state-level services. Casualty/Emergency services are institutional-level services. |
| 23 2 | 3.10,34 | 3.10. Ayushman Bharat Digital Mission (ABDM) Roll-out | MSP will be responsible for successful roll-out and adoption of ABDM in State | We are assuming that the proposed solution shall be only integrated with ABDM's mentioned milestones. Empanelment of Hospitals on ABDM, Training on ABDM etc. shall be carried out by ABDM team and not by MSP. Kindly confirm. | | MSP will be responsible for ABDM compliance and integration. As part of integration, the proposed applications must have capability to generate population Health ID (ABHA ID). Registry of Facilities and Professionals will be responsibility of State Government. |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
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| 23 3 | 4,40 | 4. Schedule of Services | Data migration from existing (legacy) applications to the proposed (new) applications. | Kindly elaborate which all data to be migrated from the old legacy system. Can we get the details on Old Legacy system as well? | | Please refer corrigendum |
| 23 4 | 5,42 | 5. Implementation Plan | Design and Development (Requirement Gathering, Integration with existing application, Configuration, Customization, User Acceptance, and pre-implementation training) and Implementation of digital health solutions in 3 Districts as pilot go-live within 12 months of project inception. | Kindly provide the number of healthcare facilities with their category (District Hospital/PHC/Subcentre's etc.) in each district which are considered in Pilot District for Go Live. | | Please refer corrigendum |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
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| 23 5 | 5,42 | 5. Implementation Plan | Completing 80% of ID generation for Bihar Health Facility Registry and Healthcare Professionals Registry in ABDM | Does this mean the MSP will be responsible for empanelment of Bihar Health Facilities and Healthcare professionals on ABDM portal? | | MSP will be responsible for ABDM compliance and integration. As part of integration, the proposed applications must have capability to generate population Health ID (ABHA ID). Registry of Facilities and Professionals will be responsibility of State Government. |
| 23 6 | 8.1.4,52 | 8.1.4. Access Layer (Omni Channel) | Kiosk – An intuitive touchscreen interface with a focus on patient self-service functions is envisioned to be implemented in near future | The supply of KIOSK is also in scope? | | Only software components and integration is supposed to be provided by MSP |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
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| 23 7 | 8.2.2, 55 | 8.2.2. Advanced DevOps & Release Management | Proposed solution must have DevOps capabilities to offers Continuous Integration and Rapid Deployment techniques, used in conjunction of agile development methodologies to accelerate development, testing and roll out timelines for healthcare solution components | The supply of the DevOps tool license is also in scope? | | Yes |
| 23 8 | 8.1.7, 54 | 8.1.7. Backend Service Layer | Document Management System (DMS) | Please provide the number of users for DMS viewer? Do you need scanning facility as well in DMS? | | MSP to propose best practices to achieve desired outcomes. |
| 23 9 | 8.1.7, 54 | 8.1.7. Backend Service Layer | Learning Management System (LMS) | Please provide the number of users for LMS? Kindly elaborate the scope for LMS | | MSP to propose best practices to achieve desired outcomes. |
| 24 0 | 8.5,60 | 8.5. Infrastructure specifications and requirements | MSP needs to provide the complete end to end solution stack for the same. MSP's proposal should cover every component to be used in the ecosystem and provide details (BOM) for each component considering growth-rate of average 20% year-on-year for next 5 years. | We are assuming that the end point devices and hardware is not in scope. However, MSP need to provide the specifications for the same. | | Hardware procurement is not part of scope for MSP |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
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| 24 1 | 8.3.6, 59 | 8.3.6 | In addition to payment gateway integration, it should also allow recording of any offline payments. | For offline recording of payments made, there is no secure mechanism available and it's not normally paperless and needs paperwork. This might defeat the purpose of paperless approach. Please clarify whether this is still needed. | | MSP to propose best practices to achieve desired outcomes. |
| 24 2 | 8.1.6, 54 | 8.1.6 | Business Process Management (BPM) | The Scope of BPM (Business proc. management) is not shared in detail. We need more details to come up with an appropriate solution and the extent to which the functionality should be available in the selected solution. | | MSP to propose best practices to achieve desired outcomes. |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
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| 24 3 | 8.1.6, 54 | 8.1.6 | Business Process Management (BPM) | Normally web apps use any BPM solution in the following manner:<br>1. Functional team creates BPM workflows/processes in a separate BPM tool.<br>2. Once the workflows are signed-off, technical team (developers) add various UI pages to the web app to use code these workflows with UI and RESTful API of the BPM solution. Such a BPM solution is called headless BPM solution (UI of BPM solution itself is not used because that will be cumbersome).<br><br>Please confirm whether, as a customer, you would like us to pursue headless BPM solution. | | MSP to propose best practices to achieve desired outcomes. |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
|---|---|---|---|---|---|---|
| 24 4 | 2.2, 17 | 2.2 | Telemedicine services for the population. | You have mentioned in the RFP doc that eSanjeevani has been used in Bihar. Please confirm whether you would like to continue using it for telemedicine or you would like us to pursue some other solution based on Twilio framework (paid tool) which is HIPAA compliant and secure. Cost/pricing will be shared subsequently by our pre-sales team. We have found that the Twilio solution is secure and cost-effective too. | | MSP to propose best practices to achieve desired outcomes. |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
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| 24 5 | 3.11, 36 | Integration with IoT Devices and Kiosks | The proposed solution should be able to integrate medical devices through IoT devices to monitor functionalities of existing medical devices across health system of State. The proposed solution should have capabilities to provide ease of use for the public through Kiosks at intuitional level. | Please clarify - How may IoT and Kiosks integration is require. If not identify please mention the tentative quantity. | | Type of devices : CT Scan Machines, X-ray machines, Ultrasound machines, Dialysis, Radiant Warmer (till SNCU level)Auto-analysers in laboratories (Bio-chemistry, immunology, Hematology). Analog machines to be connected via IoT devices provided by the State. And other digitally compatible devices to be connected through global standards e.g. HL7, DICOM |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
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| 24 6 | 4 (f), 40 | Schedule of Services | MSP will be responsible for provisioning of cloud services from MeitY empanelled cloud service providers for the contract period. | MSP will be responsible for provisioning of cloud services from MeitY empanelled cloud service providers with build-in Analytics, Datawarehouse, Data Lake module and Should be listed in Gartner Cloud Magic Quadrant for the contract period. | If MSP quote / propose CSP Platform which already have integrated Solution than it will easily integrate and flexible to work with. Also, Quality CSP only require for building such kind of project that's why Gartner clause need to be enlisted. | MSP to propose best practices as part of proposed solution to achieve desired outcomes. |
| 24 7 | 4 (g),  40 | Schedule of Services | Data migration from existing (legacy) applications to the proposed (new) applications. | Complete Data Migration scope need to be define | | Please refer corrigendum |
| 24 8 | 8.2.5, 56 | Containerization | Ecosystem platform components should be deployable units over container orchestration platform, to take advantage of this by automating the management of containers and matching resources to the actual demand on the system. solution should use microservices/functions. | Please clarify - Whether it is mandatory to follow container base application only or 3-Tier application also comply here. | | MSP to propose best practices to achieve desired outcomes. |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
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| 249 | 8.3, 57 | Integration Architecture | HIMS ecosystem is focused on providing integrated platform to leverage health data and services from various applications cutting across different functionalities. The applications are in-house State apps, health portals, central applications, and external systems. | RFP has been describe API Gateway; Please confirm whether API Gateway already exist and MSI will integrate new propose application or API Gateway component will propose and incorporate by MSI (Part of this Scope). | | Department will facilitate to provide APIs from different vendors/partners |
| 250 | | General Queries | As per understanding MSI / Bidder will provide only HIMS application, ICCC Platform Software, ERP and integration component. Hospital Level IoT, Kiosk, Devices, Computer Desktop, Laptop, Network and security devices should be out of this scope. | Please Clarify - Understanding is correct. | | Yes, Understanding is correct. |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
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| 25 1 | 1, 81 | Technical Evaluation Criteria | The bidder (in case of Consortium, cumulative turnover shall be accounted, and lead member shall meet minimum of 50% of Turnover) shall have a minimum average turnover of INR 200 Crore for the last 3 years from IT/ITeS/ Consulting services a. Minimum INR 200 Crore: 2 marks b. INR 200 – 300 Crore: 3 marks c. More than Rs. 300 Crore: 4 Marks | Please provide clarity1. In case of consortium if any single or two of three member of the consortium member fulfil the entire condition will that suffice the evaluation criteria2. Please elaborate evaluation method. In case there are 2 or 3 member in consortium, how will final average turnover will be calculated by taking average 2 or all 3 members | | As per RFP |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
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| 252 | 2, 81 | Technical Evaluation Criteria | The bidder or consortium members have experience in ongoing or completed projects of total value in design, development, implementation of projects in IT Transformational project / ICT Components / E-Governance/ Digital Solution projects with any Government / State Government / PSUs in last five (5) years (from FY 2016-21). | Please confirm - Understanding is correct 1. Definition of Government includes organization under Government Body from Central, State, PSU, Govt Bank, Municipal corporation, Defence or Smart City projects 2. To allow self declaration on going project as taking phase or milestone completion certificate . 3. Please confirm if HMIS POs can only suffice for this given points or we have to give other POs | 1. As completion certificate from Govt Authority is long process and take time | Please refer corrigendum |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
|---|---|---|---|---|---|---|
| 25 3 | 4, 82 | Technical Evaluation Criteria | Bidder Certification – Bidder (Sole bidder or in case of Consortium, any member of consortium) must be a CMMi Level 3 or above Certified Company<br>i. CMMi Level 3 (1 mark)<br>ii. CMMi Level 5 (3 marks) | Certification should be compulsory for HIMS OEM company and special mark should be allotted to it | CMMi certificate is proof that OEM have adapted best practice through its Software Development Life Cycle whereby final product is best outcome from adapting of the best practices | As per RFP |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
|---|---|---|---|---|---|---|
| 25 4 | 2.1.iii, 82 | Technical Evaluation Criteria | Additional 02 Marks (1 mark for each project) if the bidder has experience of maintenance of contract for minimum 3 years in last 5 years | Please provide clarity or confirm our understanding1. Bidder should have experience or contains maintenance service of minimum 3 yrs. in same project citation | As the time period for citation project is 5 yrs. Hence it is difficult to get mega project to Go-Live and also complete maintenance within stipulated 5 yrs. As experience large state or country wide project have implementation time frame of 2 to 5 yrs. and later O&M for 3 to 5 yrs. | As per RFP |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
|---|---|---|---|---|---|---|
| 25 5 | 5, 83 | Technical Evaluation Criteria | The bidder (in case of Consortium, any member can fulfil) shall have a certification pertaining to ISO 9001:2000, ISO 27001:2013, ISO 20000 -1 :2018 I. Any one certification mentioned from above: 01 mark II. In case of all certifications available – 03 marks | Certification should be compulsory for HIMS OEM company and special mark should be allotted to it | ISO certificate is proof that OEM have adapted best practice through its Software Development Life Cycle & Project Execution whereby final product & services are best outcome from adapting of the best practices | Please refer corrigendum |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
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| 256 | 4 (b), 40 | Schedule of Services | Configuration and Implementation of applications (including development of bespoke functionalities/ modules/ sub-modules/ applications/ Customization of COTS)/ Opensource Software. | We request to allow software built on latest & modern technology and not restrict to Opensource technology only but permit proprietary technologies also. | Best of breed solution available in market as either develop on proprietary or opensource technology. Allowing only opensource is limiting option or entry barrier for other best solution built on proprietary technology. If the rationale for Opensource is to reduce TCO then license cost is extremely minuscule if it is weight with overall project cost benefit, its impact on project time-lines. It also provide other indirect advantages like easy availability and reasonable cost resource for proprietary platform for develop & support of project post hand over when the project is managed by the SHS | There are no ristrictions to only Open Source Solutions only. Proposed solution shall focus on quality delivery of desired outcomes.Software license required for the proposed solution by the MSP is under the scope of MSP |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
|---|---|---|---|---|---|---|
| 25 7 | 17, 116 | Service Level Agreement | The SLA shall commence from implementation period itself for adherence to the implementation plan. The penalty will be deducted from the next payment milestone during the implementation period. During the O & M period, the penalty will be deducted from the quarterly payments. | We request to authority to consider capping of penalty to max 5% of total value of individual component or services against which the penalty is levied. | | As per RFP |
| 25 8 | 8.3.3 Page No. 58 | Microservices based Architecture | It is recommended to design and implement Integrated Digital Health Solution ecosystem on Microservices architecture. It is important to keep macro-architecture documentation open to change and receptive to the needs of the teams and the business. Below different categories for which architecture decisions must be made. ▪ Continuous Integration/Continuous Delivery - ▪ Containers ▪ Monitoring ▪ Service Registration ▪ Communication Mechanisms | We assume that containerization and micro-services is recommended but not mandatory requirement. Pls confirm. | | MSP to propose best practices to achieve desired outcomes. |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
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| | | | ▪ Resiliency<br>▪ Persistence | | | |
| 25 9 | 3.7/Pg. 33 | Command and Control Centre (CCC) | Command and Control Centre (CCC) | Kindly clarify if both the CCC Application and Field User Mobile Application shall be certified as Safe-To-Host by Govt Of India Cert-In empanelled Security Auditor as on date of publishing of the bid. | | MSP to propose best practices to achieve desired outcomes. |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
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| 26 0 | 3.7/Pg. 33 | Command and Control Centre (CCC) | Command and Control Centre (CCC) | Kindly confirm if the proposed CCC OEM shall provide PO Copies/Work Order Copies for atleast five clients. | | As per RFP |
| 26 1 | 3.7/Pg. 33 | Command and Control Centre (CCC) | Command and Control Centre (CCC) | The proposed CCC platform should be published on atleast one of the leading global CSP marketplace i.e. AWS/Azure/GCP | | As per RFP |
| 26 2 | 3.7/Pg. 33 | Command and Control Centre (CCC) | Command and Control Centre (CCC) | Kindly confirm if the CCC OEMs which are registered under Start-up India and MSMEs shall be given preference | | As per RFP |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
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| 26 3 | | | | As indicated in the tender schedule and clause 9.2 of the RFP  for pre-bid meeting, we have been constantly looking at the mentioned website and awaiting a link to join the pre-bid meeting. But as per the recent communication in the website, it is realised that the pre-bid meeting is getting conducted physically.<br><br>We request BMSICL to consider another date for the pre-bid (may be a second pre-bid meeting) meeting either physical or through electronic medium (preferred). In case of physical meeting, kindly give us advance notice. Due to Covid situation the number of flight connections have been reduced drastically.<br><br>This is a large project and IBM is very keen to participate. IBM has demonstrated skills to execute such large projects also. | | As per RFP |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
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| | | | | With respect to the pre-bid query submission, given it is a complex and multi components project from a build prospective, we request you to allow us a few more days to collate all queries and submit . The RFP was published on 4th and we received it on 8th February (5th and 6th were Saturday and Sunday). We have shared the RFP with our internal team.  Our sincere request to kindly accept the queries. | | |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
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| 26 4 | 8.1.7 \| 54 | Backend Service Layer | Document Management System | As understood from the statement that the required Digital Health Solution & all its respective modules (Like HIMS, ERP, Electronic Health Record etc.) should have an integrated, robust, structured Document Management System with secured access mechanism that will act as an enterprise level, common document repository for all the mentioned modules. Please confirm the understanding is correct. | As per RFP, there are requirement of multiple solution modules for HIMS, ERP, Portal, Electronic Health Record etc. where huge volume digital & e-documents will get introduced, processed and archived. A central, common document repository for these applications can act as an enterprise repository with secured & configurable user access mechanism. In that perspective, a scalable & integratable document management system will be needed. | Yes |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
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| 26 5 | 8.1.7 \| 54 | Backend Service Layer | Document Management System | In assumption of the above understanding is correct, required DMS Application should come with following mandatory functionalities, - Solution should be compliant to ODMA, WebDav open source standards. - Categorization of documents in folders-subfolders structure. - Repository should be format agnostic. - Indexing of the documents on user defined parameters. - Robust & right based SEARCH capability. - Rich out-of-box functionalities like Annotation, Link, Version Management, Alarms & Reminder etc. - In-built User Management, Rights Management & Password Management modules. Please confirm whether this understanding is correct. | As per RFP, there are requirement of multiple solution modules for HIMS, ERP, Portal, Electronic Health Record etc. where huge volume digital & e-documents will get introduced, processed and archived. A central, common document repository for these applications can act as an enterprise repository with secured & configurable user access mechanism. In that perspective, a scalable & integratable document management system will be needed. | Yes |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
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| 26 6 | 8.1.7 \| 54 | Backend Service Layer | Document Management System | As understood from the RFP that required DMS application should be capable of archiving huge volume of documents for a longer period, it's expected that the proposed solution should have proper scalability. In that respect, requesting authority to incorporate the following points in the DMS specification,"The proposed DMS system should have the proven scalability and should have at least one live implementation site in India with more than 20 Crore documents archived in enterprise document management repository as well as having user base of more than 1000 users." | The required clause ensure the participation of Industry Standard, Best of the Breed DMS Solution Provider that ensures robustness, security & scalability of application for a longer period. | Yes |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
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| 267 | 8.1.7 \| 54 | Backend Service Layer | Document Management System | As understood from the RFP that required DMS application should be Industry Standard & Globally recognized solution. In that respect, requesting authority to incorporate the following point in DMS specification, "The product for DMS should exist any of the leading analyst reports like Gartner or Forrester for Content Services Platform/Enterprise Content Management reports in any of the last 3 Years." | The required clause ensure the participation of Industry Standard, Best of the Breed DMS Solution Provider that ensures robustness, security & scalability of application for a longer period. | MSP to propose best practices as part of the proposed solution to achieve desired outcomes. |
| 268 | 8.1.7 \| 54 | Backend Service Layer | Document Management System | In reference to the mentioned RFP statement, requesting authority to confirm on the following, 1. Concurrent users of DMS | User concurrency is required to finalize the hardware sizing and system load. | The proposed solution should focus on on-demand scalability. |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
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| 26 9 | 8.1.7 \| 54 | Backend Service Layer | Document Management System | As the required Document Management System will be used to archive documents from different sources, requesting the authority to confirm such sources as follows,1. Scanner for digitized documents2. Direct upload of E-Documents in DMS 3. 3rd Party Application through Web Services | | Yes, But not only limited to this. The proposed solution should be capable of extensions and customizations based on requirements. |
| 27 0 | 8.1.7 \| 54 | Backend Service Layer | Document Management System | In reference to the above point, requesting the authority to confirm the following, 1. Number of scanners or digitization stations 2. Name & Number of 3rd Party Applications from where documents will get archived through web services. | | The proposed solution should be capable of extensions and customizations based on requirements. |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
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| 27 1 | 8.1.7 \| 54 | Backend Service Layer-Document Management System | OCR (Optical Character Recognition) enabled captured component | As understood from the RFP statement, that the required DMS application should have a content based search facility out of digitized (PDF, Tiff, PDF/A) document. Please confirm if the understanding is correct. | | Yes |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
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| 27 2 | 8.1.7 \| 54 | Backend Service Layer- Document Management System | Smart Document editor to users for seamless editing experience both online and offline. | It is understood from the statement that the required Document Management System should have the document modification / editing facility through its native application. However, the metadata of the document can be editable inside the DMS application with proper audit trail recording. Please confirm the understanding. | As SECURITY is one of the most important aspect of the required solution, it is important that the content of the documents should be done by the user through its native application, outside of DMS and reupload the document with a proper version management. That ensures the secured access and proper version management of a document inside the application. | Yes, Solution shall be backed with workflows and RBAC functionalities |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
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| 27 3 | 8.1.7 \| 54 | Backend Service Layer- Document Management System | Document centric workflows for document creation, review, approval, authorization and publishing. | As understood from the RFP statement that the required DMS application should have an in-built, maker-checker based, linear workflow functionality for document evaluation, approval / rejection & archival.<br>Please confirm the understanding is correct. | | Yes, Solution shall be backed with workflows and RBAC functionalities |
| 27 4 | 8.1.7 \| 54 | Backend Service Layer- Document Management System | HTML based document viewer | As understood from the RFP that required Document Management should have an in-built viewer for viewing digitized documents (Tiff, PDF, PDF/A, JPG, TXT etc.) inside the application. Please confirm the understanding. | | Yes, Solution shall be backed with workflows and RBAC functionalities |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
|---|---|---|---|---|---|---|
| 27 5 | 8.1.6 \| 53 | Business Service Layer | All the processes and functionalities within the integrated Digital Health Solution would be guided by Business Rule engine defined to control the workflows. | As understood from the RFP statement that the required Digital Health Solution should have an integrated separate layer of Low Code based, Configurable Workflow Framework through which any document centric decision making process can be automated.Please confirm if the understanding is correct. | As per RFP, there are number of required modules where process automation is needed through a low code, configurable framework that ensures quick deployment and easy change management on the solution. For this reason, with all the modules there should be an integrated workflow framework as a back-end layer. | Yes, Solution shall be backed with workflows and RBAC functionalities |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
|---|---|---|---|---|---|---|
| 27 6 | 8.1.6 \| 53 | Business Service Layer | All the processes and functionalities within the integrated Digital Health Solution would be guided by Business Rule engine defined to control the workflows. | In assumption of above understanding is correct, it is understood that the integrated workflow framework should have an in built Business Rule Management System where the users can configure logics or rules for workflow routing in simple way. Please confirm if the understanding is correct. | In current technological trend, the entire process automation or workflow should be based on configurable rules or conditions which is user friendly, easy to configure and having the capability of adapting change management, based on business requirement. | Yes |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
|---|---|---|---|---|---|---|
| 27 7 | 8.1.6 \| 53 | Business Service Layer | All the processes and functionalities within the integrated Digital Health Solution would be guided by Business Rule engine defined to control the workflows. | It is assumed that the required workflow framework should be built on low code environment where using drag-n-drop components, any complex or simple process can be designed & automated.Please confirm the assumption. | In low code environment, it's important to design the processes without any development effort or custom coding. Therefore the solution should be framework based which can interact with any 3rd Party Application using Web API, Web Services or through any other methodologies. | Yes |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
|---|---|---|---|---|---|---|
| 278 | 8.5 \| 60 | Infrastructure Specifications and Requirement | Integrated Digital Health Solution shall be deployed on MeitY empanelled infrastructure environment to be provided by MSP. | In respect to the mentioned statement, requesting authority to confirm the required environments for the solution, 1. Production / DC 2. DR 3. Test / Development 4. UAT | That information is required to finalize Bill of Quantity. | Yes |
| 279 | 8.5 \| 60 | Infrastructure Specifications and Requirement | Integrated Digital Health Solution shall be deployed on MeitY empanelled infrastructure environment to be provided by MSP. | In respect to the above point, requesting authority to confirm if the environments will be come in Stand Alone mode or in Active-Active or Active-Passive mode. | That information is required to finalize Bill of Quantity. | The proposed solution shall adhere to the defined application SLAs. |
| 280 | 8.5 \| 60 | Infrastructure Specifications and Requirement | MSP's proposal should cover every component to be used in the ecosystem and provide details (BOM) for each component considering growth-rate of average 20% year-on-year for next 5 years. | In respect to the RFP statement, requesting authority to confirm if the Y-o-Y 20% growth will be applicable for the users of Document Management System. | That information is required to finalize Bill of Quantity. | Yes |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
|---|---|---|---|---|---|---|
| 28 1 | 3.7/Pg. 33 | Command and Control Centre (CCC) | Command and Control Centre (CCC) | The RFP briefly specifies requirements for the Command & Control Centre(CCC) Platform. It does not mention technical requirements/compliance requirements for very important CCC solution platform. Please confirm if the bidder shall propose a state of the art CCC Solution with capabilities such as Integrating Alerts from Different Healthcare, Smart Solutions & Other Business Applications, Alert Management, Incident Management, Notification capabilities | This shall significantly help BSHDS Project in ensuring a state of the art CCC Platform for the overall benefit of the project. | MSP to propose best practices to achieve desired outcomes. |
| 28 2 | 3.7/Pg. 33 | Command and Control Centre (CCC) | Command and Control Centre (CCC) | Kindly provide the requirements about Alert Management, Incident Management, Notification capabilities etc for the CCC Platform | | MSP to propose best practices to achieve desired outcomes. |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
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| 283 | 3.7/Pg. 33 | Command and Control Centre (CCC) | Command and Control Centre (CCC) | Kindly confirm if the bidder shall propose a feature rich Field User Mobile Application for response management. | | MSP to propose best practices to achieve desired outcomes. |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
|---|---|---|---|---|---|---|
| 28 4 | 3.7/Pg. 33 | Command and Control Centre (CCC) | Command and Control Centre (CCC) | Kindly confirm if the proposed Field User Mobile Application shall support the following basic capabilities:Mobile app user should submit the action taken report in form of text, audio, video or imagesShould have the feature of acknowledge and close the reportMobile application should have the facility to create POIs on the map to update the new locations to keep the map updatedAll the communication between the mobile apps and C&C platform should be on HTTP and by adding TLS encryption on https | | MSP to propose best practices to achieve desired outcomes. |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
|---|---|---|---|---|---|---|
| 28 5 | 3.7/Pg. 33 | Command and Control Centre (CCC) | Command and Control Centre (CCC) | Kindly clarify if both the CCC Application and Field User Mobile Application shall be certified as Safe-To-Host by Govt Of India Cert-In empanelled Security Auditor as on date of publishing of the bid. | | MSP to propose best practices to achieve desired outcomes. |
| 28 6 | 3.7/Pg. 33 | Command and Control Centre (CCC) | Command and Control Centre (CCC) | Kindly confirm if the proposed CCC OEM shall provide PO Copies/Work Order Copies for atleast five clients. | | As per RFP |
| 28 7 | 3.7/Pg. 33 | Command and Control Centre (CCC) | Command and Control Centre (CCC) | The proposed CCC platform should be published on atleast one of the leading global CSP marketplace i.e. AWS/Azure/GCP | | As per RFP |
| 28 8 | 3.7/Pg. 33 | Command and Control Centre (CCC) | Command and Control Centre (CCC) | Kindly confirm if the CCC OEMs which are registered under Start-up India and MSMEs shall be given preference | | As per RFP |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
|---|---|---|---|---|---|---|
| 289 | 81/11 | Technical Evaluation Criteria | Bidder's Experience:The bidder or consortium members have experience in ongoing or completed projects of total value in design, development, implementation of projects in IT Transformational project / ICT Components / E-Governance/ Digital Solution projects with any Government / State Government / PSUs in last five (5) years (from FY 2016-21).I. If Project Cost is more than INR 05 Cr. (Maximum up to 03 Projects) – Maximum 06 Marks (2 marks for each project)OrI. If Project cost shall be more than INR 01 Cr. To INR 05 Cr (maximum up to 6 projects) – Max. 06 MarksII. Additional 02 marks if the bidder has experience of working in Health Sector (Maximum up to 02 projects (1 mark for each project))III. Additional 02 Marks (1 mark for each project) if the bidder has experience of maintenance of contract for minimum 3 years in last 5 years | III. Additional 02 Marks (1 mark for each project) if the bidder has experience of maintenance of contract for minimum 3 years in last 5 years | Request to kindly consider contract monitoring assignments as well for this criterion and modify the clause as below: III. Additional 02 Marks (1 mark for each project) if the bidder has experience of maintenance of contract/ monitoring of contract for minimum 3 years in last 5 years | As per RFP |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
|---|---|---|---|---|---|---|
| 290 | 81/11 | Technical Evaluation Criteria | Bidder's Experience: The bidder or consortium members have experience in Government Advisory cum Supervision & Monitoring related engagement involving mobilization of minimum of 100 team members on ground and providing state-wide implementation support in Infrastructure / Development sector projects in any Government / State Government / PSUs in last five years (from FY 2016-21)<br><br>I. If project cost is more than INR 200 Cr. (maximum up to 03 projects) – Max. 03 Mark<br><br>II. Additional 01 marks if the project is executed in health domain sector involving deployment of more than 200 personals at the State/Dist./Block level for the any organization of central or State or PSUs<br><br>III. Additional 01 mark if the project is executed in State of Bihar | I. If project cost is more than INR 200 Cr. (maximum up to 03 projects) – Max. 03 Mark | We understand that the 'project cost' means project implementation cost not the project contract value. Please clarify whether our understanding is correct or not. | Please refer corrigendum |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
|---|---|---|---|---|---|---|
| 29 1 | 81/11 | Technical Evaluation Criteria | Bidder's Experience: The bidder or consortium members have experience in Government Advisory cum Supervision & Monitoring related engagement involving mobilization of minimum of 100 team members on ground and providing state-wide implementation support in Infrastructure / Development sector projects in any Government / State Government / PSUs in last five years (from FY 2016-21) I. If project cost is more than INR 200 Cr. (maximum up to 03 projects) – Max. 03 Mark II. Additional 01 marks if the project is executed in health domain sector involving deployment of more than 200 personals at the State/Dist./Block level for the any organization of central or State or PSUs III. Additional 01 mark if the project is executed in State of Bihar | I. If project cost is more than INR 200 Cr. (maximum up to 03 projects) – Max. 03 Mark | Since, such large size projects are limited we request you to reduce the requirement to only 1 project for scoring full marks. | Please refer corrigendum |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
|---|---|---|---|---|---|---|
| 29 2 | 81/11 | Technical Evaluation Criteria | Bidder's Experience: The bidder or consortium members have experience in Government Advisory cum Supervision & Monitoring related engagement involving mobilization of minimum of 100 team members on ground and providing state-wide implementation support in Infrastructure / Development sector projects in any Government / State Government / PSUs in last five years (from FY 2016-21)<br><br>I. If project cost is more than INR 200 Cr. (maximum up to 03 projects) – Max. 03 Mark<br><br>II. Additional 01 marks if the project is executed in health domain sector involving deployment of more than 200 personals at the State/Dist./Block level for the any organization of central or State or PSUs<br><br>III. Additional 01 mark if the project is executed in State of Bihar | II. Additional 01 marks if the project is executed in health domain sector involving deployment of more than 200 personals at the State/Dist./Block level for the any organization of central or State or PSUs | We request you to remove the requirement of deployment of personnel's for executing project in health sector. Kindly modify the clause as below:<br><br>II. Additional 01 marks if the project is executed in health domain sector for the any organization of central or State or PSUs (Deployment of any no. of team members) | Please refer corrigendum |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
|---|---|---|---|---|---|---|
| 293 | 81/11 | Technical Evaluation Criteria | Bidder's Experience: The bidder or consortium members have experience in Government Advisory cum Supervision & Monitoring related engagement involving mobilization of minimum of 100 team members on ground and providing state-wide implementation support in Infrastructure / Development sector projects in any Government / State Government / PSUs in last five years (from FY 2016-21) I. If project cost is more than INR 200 Cr. (maximum up to 03 projects) – Max. 03 Mark II. Additional 01 marks if the project is executed in health domain sector involving deployment of more than 200 personals at the State/Dist./Block level for the any organization of central or State or PSUs III. Additional 01 mark if the project is executed in State of Bihar | III. Additional 01 mark if the project is executed in State of Bihar | State-wide implementation support project in Infrastructure / Development sector with deployment of minimum 100 team members in Bihar State would be available with very limited firms who work in Development Sector. Since, project is largely related to IT implementation we request you to remove the requirement of minimum 100 team members for project executed in Bihar state and modify the clause as below: III. Additional 01 mark if the project is executed in State of Bihar (Deployment of any no. of team members) | Please refer corrigendum |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
|---|---|---|---|---|---|---|
| 29 4 | 81/11 | Technical Evaluation Criteria | a. Bidder Certification – Bidder (Sole bidder or in case of Consortium, any member of consortium) must be a CMMi Level 3 or above Certified Company<br>i. CMMi Level 3 (1 mark)<br>ii. CMMi Level 5 (3 marks) | ii. CMMi Level 5 (3 marks) | Request to kindly remove requirement of CMMi Level 5 certification and modify the clause as below:<br><br>a. Bidder Certification – Bidder (Sole bidder or in case of Consortium, any member of consortium) must be a CMMi Level 3 or above Certified Company<br>i. CMMi Level 3 or above (3 mark) | As per RFP |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
|---|---|---|---|---|---|---|
| 29 5 | 33/3. Scope of Work | 3.5 Integrations | The proposed solution needs to integrate with existing state applications and solution to track and monitor beneficiaries under other program. Integration with other State-based health programs is also envisaged and should be taken up by MSP. | Kindly clarify no. of other State-based health program to be integrated. | | List of applications has been provided in the corrigendum |
| 29 6 | 36/3. Scope of Work | 3.12 Training & Capacity Building Point no. d | The selected bidder shall arrange for training sessions for all end users on individual basis or TOT (Training of Trainers) model. | Kindly clarify no. of end users for whom training programs have to be conducted. It will help us to estimate budget required for this activity. | | Doctor, Nurses, Paramedics-Lab technicians, Radiology Technicians, Data Entry operators, Administrative staff, Management functionaries, ANMs ASHA, |
| 29 7 | 3. Scope of Work , 36 | 3.12 Training & Capacity Building Point no. g | Assessment of Training Effectiveness: Evaluate effectiveness of training programs and workshops by obtaining formal feedback from each participant after completion of each training program/ workshop. The MSP will be responsible for re-conducting the training of the whole batch in case the average score is less than | | Average score of 70% for passing is on higher side. Request to reduce it to 50%. | As per RFP |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
|---|---|---|---|---|---|---|
| | | | 70% and the additional cost of such re-training sessions shall be borne by the selected bidder himself. | | | |
| 29 8 | 6. Stakeholder's Roles and, 46 Responsibilities | 3. MSP | Hosting of Application software on identified MeitY empanelled cloud service provider | We understand that hosting charges shall be borne by Client as its size will depend upon the no. of end users which may keep varying with time. Kindly clarify whether our understanding is correct or not. | | Hosting will be part of scope for MSP |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
|---|---|---|---|---|---|---|
| 29 9 | 8. HIMS Ecosystem, 58 Framework and Technical Specifications | 8.3.5. Integration with SMS / e-Mail Gateway | SMS / e-Mail gateway should act as common communication service, integrated as part of Integrated Digital Health Solution framework, and should be used to deliver SMS/e-Mail-based services to all end users/patients and other stakeholders as well as healthcare staffs. The gateway should support both push and pull services. It should also support bulk notification services so that common information can be pushed to group of people or general citizen as per requirement based on defined criteria. A citizen / patient or healthcare staff should also be able to request for specific set of information / services at the individual level. | We understand that SMS/ e-mail charges shall be borne by Client as it depends upon no. of citizens/ patients which may keep varying with time. Kindly clarify whether our understanding is correct or not. | | State will provided the SMS Gateway service and the MSP will integrate with their application. |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
|---|---|---|---|---|---|---|
| 30 0 | 8. HIMS Ecosystem Framework and Technical Specifications, 59 | 8.4. Data Lake and Big Data Analytics | Analytics will require the application of new technologies such as AI, ML, NLP & Predictive analysis. As part of the requirement, MSP shall be responsible for creating a centralized health and data repository and strong data governance capability to define, monitor and control, integrate security, accessibility capabilities within developed platform. | To create data repository, we understand that necessary infrastructure on-premise/ cloud shall be provided by Client. Kindly clarify whether our understanding is correct or not. | | Cloud hosting will be under part of scope for MSP |
| 30 1 | 8. HIMS Ecosystem Framework and Technical Specifications60 | 8.4.1. Health Analytics & Advisory | Analytics - Provide diverse analytics capabilities, including batch processing, stream computing, interactive analytics, and machine learning, along with job scheduling and management capabilities. | We understand that necessary software licenses shall be provided by Client to perform Data Analysis. Kindly clarify whether our understanding is correct or not. | | The software license required for the proposed solution by the MSP is under the scope of MSP. |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
|---|---|---|---|---|---|---|
| 30 2 | 8. HIMS Ecosystem Framework and Technical Specifications, 60 | 8.5. Infrastructure specifications and requirements | Integrated Digital Health Solution shall be deployed on MeitY empanelled infrastructure environment to be provided by MSP. MSP needs to provide the complete end to end solution stack for the same. MSP's proposal should cover every component to be used in the ecosystem and provide details (BOM) for each component considering growth-rate of average 20% year-on-year for next 5 years.

MSP should adhere and follow all the policies and guidelines defined for MeitY empanelled cloud infrastructure. Compliance for the same should be provided in the proposal. | It would be difficult to assess the requirement of infrastructure as no. of end users/ citizens/ patients cannot be estimated at this stage. We suggest that necessary infrastructure on cloud be provided by Client as its size may keep varying with time.

OR
We suggest that actual no. of concurrent end users/ citizens/ patients be provided in the RFP for budget estimation during bidding stage. Year on year growth of 20% may then be applied for BOM | | Assumptions to be taken based on IPHS norms for Infrastructure and Human Resource for the given list of Healthcare institutions for Bihar (Indicative List provided in RFP) |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
|---|---|---|---|---|---|---|
| 30 3 | 12. Evaluation of Bids/ Proposals, 87 | 12.4. Bid Evaluation Procedure | 12.4.5. Stage-3 Computation of Composite Bid ScoreThe "Composite Bid Score" is a weighted average of the Technical and Financial Scores. The ratio of Technical and Financial Scores is 80:20 respectively. | | Since, maximum marks (75) have been allocated on subjective evaluation i.e. Approach and Methodology and Technical Presentation, we request to kindly modify the ratio of Technical and Financial Scores as 70:30 respectively. | As per RFP |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
|---|---|---|---|---|---|---|
| 30 4 | 17. Service Level Agreement, 117 | 17. Service Level Agreement | Application Performance Helpdesk Support/Issue Response and Resolution | | We suggest that necessary infrastructure for Application hosting be provided by Client, and hence, SLAs will then be modified accordingly. | MSP to provide MeitY impaneled cloud solution provider and hosting of solution components as part of the proposed solution. GoB shall be responsible to facilitates the procurement of the desired infrastructure.<br><br>The proposed solution shall adhere to the defined application SLAs. |
| 30 5 | 17. Service Level Agreement, 117 | 17.1.7 | Key Resource - Deployment of Manpower | | Kindly provide details of Key Resource - Education & Qualification requirements for deployment of manpower and calculation of SLAs if replaced | MSP to propose best practices to achieve desired outcomes. |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
|---|---|---|---|---|---|---|
| 30 6 | 1. Proposal Data Sheet, 13 | 1. Proposal Data Sheet Point no. 13 | Last date and time of submission of online bid: 28/02/2022 | | Request to kindly extend the bid submission date by atleast 3 weeks post issuance of clarification to queries/ corrigendum. | As per RFP |
| 30 7 | 3.5 at page no 33, 33 | Integrations | The proposed solution needs to integrate with existing state applications and solution to track and monitor beneficiaries under other program. Integration with other State-based health programs is also envisaged and should be taken up by MSP. | Request you to kindly share the details of existing state applications with whom proposed solution to be integrated. This will help us in better designing of solution. | | A list of existing applications has been provided in corrigendum |
| 30 8 | 3.9 at page no 33 | Centralized IT Helpdesk / Incident Management | A centralized IT Helpdesk is required to be set up as part of the scope. The IT helpdesk service should serve as a single point of contact for all ICT related incidents, information and service requests related to HIMS, ERP, Apps and also resolution and tracking status of incidents | Request you to kindly share the existing mechanism for handling Incident management and also share the average number of incidents handle by team per day. This will support us in licensing. | | MSP to propose best practices to achieve desired outcomes. |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
|---|---|---|---|---|---|---|
| 30 9 | 3.10 at page no 35 | Ayushman Bharat Digital Mission (ABDM) Roll-out | MSP will be responsible for successful roll-out and adoption of ABDM in State. MSP should undertake below mentioned but not limited to indicative activities:<br>• Population of Health Facility Registry and Healthcare Professional Registry<br>• Undertake IEC activity in order to enhance adoption of ABDM building blocks<br>• Design and develop local and State level applications as per below mentioned ABDM architecture | Request you to kindly clarify, How many times, MSP need to the IEC activity and up to which level i.e. State, District, Block, Taluka etc. | | MSP to propose best practices to achieve desired outcomes. |
| 31 0 | 3.10 at page no 35 | Ayushman Bharat Digital Mission (ABDM) Roll-out | MSP should complete ABDM sandboxing process for all application defined in scope of work (MSP should refer to link ABDM Sandbox (abdm.gov.in)) | Sandboxing is usually done at various check points of application to minimize the scope of error.<br>Request you to kindly clarify did MSP need to do the sandboxing at every stage of application of get this approved from committee or Sandboxing at application level or Sandboxing at complete solution level | | Sandboxing is under the scope for MSP |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
|---|---|---|---|---|---|---|
| 31 1 | 3.11 at page no 36 | Integration with IoT Devices and Kiosks | The proposed solution should be able to integrate medical devices through IoT devices to monitor functionalities of existing medical devices across health system of State. The proposed solution should have capabilities to provide ease of use for the public through Kiosks at intuitional level. | By integration we understand that we need to design the API of our solution & need to pass the required information against selected parameters and solution provider of medical devices will integrate with our solution. | | MSP to propose best practices to achieve desired outcomes. |
| 31 2 | 3.11 at page no 36 | Training & Capacity Building | Training (including Technical training, Functional training etc.) of end-users is essential for ensuring that the implementation actually put to use and drive adoption sustainably. Therefore, the MSP shall also ensure proper training to the designated end-users on the system to make them well conversant with the functionalities, features and processes built in the proposed system | Request you to kindly share the list of number of users to be trained. | | Doctor, Nurses, Paramedics-Lab technicians, Radiology Technicians, Data Entry operators, Administrative staff, Management functionaries, ANMs ASHA, |
| 31 3 | 3.11 at page no 36 | Training & Capacity Building | Training material should be provided in hard and soft copies both. The MSP shall ensure that all the training documentation in Hardcopy and Softcopy is in place and approved by the client (user | As per our understanding, we need to provide Training material in hard copy only once in a project tenure. Please clarify. | | MSP to propose best practices to achieve desired outcomes. |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
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| | | | training, operation procedures, visual help-kit etc.) | | | |
| 314 | 4 at page no 36 | Schedule of Services | Design and development of Mobile Application | Please share the details requirement for development of Mobile application and expected number of users ( category wise) | | MSP to propose best practices to achieve desired outcomes. |
| 315 | 4 at page no 36 | Schedule of Services | MSP will be responsible for provisioning of cloud services from MeitY empanelled cloud service providers for the contract period. | Please clarify, Are services for DR will also be in scope of MSP. | | The proposed solution shall adhere to the defined application SLAs. |
| 316 | 4 at page no 36 | Schedule of Services | Data migration from existing (legacy) applications to the proposed (new) applications. | Please share the details of the legacy data which need to be migrated. (data in volume/ records) | | Please refer corrigendum |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
|---|---|---|---|---|---|---|
| 317 | 4 at page no 36 | Schedule of Services | Application testing i.e. unit testing, integration testing, system testing, regression, load, stress, and performance testing | Sizing of application and testing can only be done based on the quantity of users. Therefore request you to kindly share the list (in qty) of users for complete solution based on various categories i.e. ERP, Mobile, Citizen Portal, Helpdesk, Data Analytics for call centre etc. | | Please refer corrigendum |
| 318 | 6 at page no 45 | Stakeholder's Roles and Responsibilities | 2. Provide adequate space and compute resources at the State Data Centre for hosting requirement | Request you to kindly share the hardware and software details of current infrastructure available to DC which will be later on allocated to us. We need to check the compatibility for the same.

Additionally, if as per the solution, if any additional compute resources is required, who will be providing the same. | | MeitY impanelled Cloud Service Provider to be used and it is under the scope for MSP. |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
|---|---|---|---|---|---|---|
| 31 9 | 11 at page no 81 | Technical Evaluation Criteria | 2. The bidder or consortium members have experience in ongoing or completed projects of total value in design, development, implementation of projects in IT Transformational project / ICT Components / E-Governance/ Digital Solution projects with any Government / State Government / PSUs in last five (5) years (from FY 2016-21). | As large IT/Egov projects includes end to end monitoring of projects, therefore we request you to kindly consider the below modification in existing clause : The bidder or consortium members have experience in ongoing or completed projects of total value in design, development, implementation /Monitoring of projects in IT Transformational project / ICT Components / E-Governance/ Digital Solution projects with any Government / State Government / PSUs in last five (5) years (from FY 2016-21). | | As per RFP |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
|---|---|---|---|---|---|---|
| 32 0 | 11 at page no 82 | Technical Evaluation Criteria | 2. III. Additional 02 Marks (1 mark for each project) if the bidder has experience of maintenance of contract for minimum 3 years in last 5 years | This clause seems very restrictive and only limited parties can showcase this type of experience. Hence for healthy competition, we request you consider the below mention clause :<br><br>Additional 02 Marks (1 mark for each project) if the bidder has experience of maintenance of contract for minimum 1 year in last 5 years | | As per RFP |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
|---|---|---|---|---|---|---|
| 32 1 | 11 at page no 82 | Technical Evaluation Criteria | Bidder's Experience: The bidder or consortium members have experience in Government Advisory cum Supervision & Monitoring related engagement involving mobilization of minimum of 100 team members on ground and providing state-wide implementation support in Infrastructure / Development sector projects in any Government / State Government / PSUs in last five years (from FY 2016-21) I. If project cost is more than INR 200 Cr. (maximum up to 03 projects) – Max. 03 Mark II. Additional 01 marks if the project is executed in health domain sector involving deployment of more than 200 personals at the State/Dist./Block level for the any organization of central or State or PSUs III. Additional 01 mark if the project is executed in State of Bihar | This clause seems very restrictive and only limited parties can showcase this type of experience. Hence for healthy competition, we request you consider the below mention clause :Bidder's Experience: The bidder or consortium members have experience in Government Advisory cum Supervision & Monitoring related engagement involving mobilization of minimum of 50 team members on ground and providing state-wide implementation support in Public/ Infrastructure / Development sector projects in any Government / State Government / PSUs in last five years (from FY 2016-21) I. If project cost is more than INR 50 Cr. (maximum up to 03 projects) – Max. 03 Mark II. Additional 01 marks if the project is executed in health domain/ Public sector involving deployment of more than 100 personals at | | Please refer corrigendum |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
|---|---|---|---|---|---|---|
| | | | | the State/Dist./Block level for the any organization of central or State or PSUs III. Additional 01 mark if the project is executed in the State having geographical area equal or more than State of Bihar | | |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
|---|---|---|---|---|---|---|
| 322 | 11 at page no 82 | Technical Evaluation Criteria | Bidder Certification – Bidder (Sole bidder or in case of Consortium, any member of consortium) must be a CMMi Level 3 or above Certified Company<br>i. CMMi Level 3 (1 mark)<br>ii. CMMi Level 5 (3 marks) | Request you to kindly remove marking for CMMI Level 5 because many organization are in process of getting same but unable to get due to Covid conditions. | | As per RFP |
| 323 | 11 at page no 83 | Technical Evaluation Criteria | 6. Approach and Methodology: | The current evaluation parameter for A& M is subjective. Request you to kindly define the parameters (sub-marking wise) against which A&M will be evaluated | | As per RFP |
| 324 | 11 at page no 83 | Technical Evaluation Criteria | Technical Presentation and Functional Demonstration: | We requested to kindly allow us for seeking technical information/ data from department so that based on the same, demonstration of the solution will be organized. | | As per RFP |
| 325 | General | | | Definition of key resources is not provided in RFP. We request you to kindly provide the minimum criteria for Key resources. | | MSP to propose best practices to achieve desired outcomes. |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
|---|---|---|---|---|---|---|
| 32 6 | Objective 1 - Automation of basic medical screening services and community health initiatives | Connected medical devices at all levels of care for automated/ minimalistic assisted screening and diagnostic services and preventive care. | 17 | How these medical devices will be connected with system? Will it be on MQTT or TCP/HTTP? | | The proposed solution should have agnostic adaptivity to connect with the integrated system. The solution should not be protocol-dependent. |
| 32 7 | Objective 6 - Availability and access of Medical and Support Professionals | Availability of all patient information on clinicians' screen in shortest possible period (history, reports and diagnostic images). | 18 | For how many days of these old data to be considered for history, reports and diagnostic images? | | MoHFW, GoI notified HER standards 2016 to be followed |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
|---|---|---|---|---|---|---|
| 328 | Objective 8 - Performance management across institutions, Human resource, Devices and clinical outcomes | District hospitals, Sub-Divisional Hospitals, Referral hospitals, CHCs, PHCs and Sub centres can be ranked based on the defined KPIs and their performance based on that. | 18 | How these hospitals are connected - is MPLS sort of connectivity already placed? | | All the required connectivity and Hardware will be the responsibility of GoB |
| 329 | 3.1.2. Appointment Management | Record keeping for medico legal case. | 24 | What would be the data retention for medico legal case | | Taxes/Duties will be paid as per prevailing rates |
| 330 | 3.1.6. Radiology Information System | Storing – Stores images obtained from RIS imaging devices and any other relevant patient information on the database. | 25 | What would be the data retention for images. | | As per government guidelines |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
|---|---|---|---|---|---|---|
| 33 1 | 3.3 Citizen/ Web Portal | Citizen web portal should be part of the proposed solution by bidder which shall take care of continuation of patient care. | 32 | Any approximate count of number of concurrent users hit per second? | | Assumptions to be taken based on IPHS norms for Infrastructure and Human Resources for the given list of Healthcare institutions for Bihar (Indicative List provided in RFP) |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
|---|---|---|---|---|---|---|
| 33 2 | Integration with IoT Devices and Kiosks | The proposed solution should be able to integrate medical devices through IoT devices to monitor functionalities of existing medical devices across health system of State. The proposed solution should have capabilities to provide ease of use for the public through Kiosks at intuitional level. | 36 | How these devices and Kiosks are connected? Is MPLS sort of connectivity already placed? | | All the required connectivity and Hardware will be the responsibility of GoB |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
|---|---|---|---|---|---|---|
| 33 3 | 8.2.5. Containerization | Ecosystem platform components should be deployable units over container orchestration platform, to take advantage of this by automating the management of containers and matching resources to the actual demand on the system. solution should use microservices/functions. | 56 | Can Container platform be proposed by Serverless and managed service proposition as solution? | | Yes, The proposed solution shall adhere to the defined application SLAs. |
| 33 4 | General | | | Do we need to factor Disaster Recovery solution for PROD system? | | The proposed solution shall adhere to the defined application SLAs. |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
|---|---|---|---|---|---|---|
| 33 5 | General | | | No sizing is specified i.e. DWH, Database, Application and other modules, Data lake, number of Medical endpoints, Kiosk etc. | | It is expected as part of the proposed solution. |
| 33 6 | General | | | Backup strategy is not specified | | It is expected as part of the proposed solution. |
| 33 7 | 33 | 3.5. Integrations | The proposed solution needs to integrate with existing state applications and solution to track and monitor beneficiaries under other program. Integration with other State-based health programs is also envisaged and should be taken up by MSP | We need to have the understanding of the integration model whether simple data exchange or UI Development is also needed for the integration and would like to have the details of the integration to be carried out. | | MSP to propose best practices to achieve desired outcomes. |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
|---|---|---|---|---|---|---|
| 338 | 36 | 3.11. Integration with IoT Devices and Kiosks | The proposed solution should be able to integrate medical devices through IoT devices to monitor functionalities of existing medical devices across health system of State. The proposed solution should have capabilities to provide ease of use for the public through Kiosks at intuitional level | Details of the medical devices to be integrated through IoT devices to monitor functionalities of existing medical devices across health system of the State. Details of the being in use Kiosks.Need clarity for adhering to ABDM / FHIR, both of them will have different methods of integration and also FHIR will be Facade Server Model. | | Type of devices : CT Scan Machines, X-ray machines, Ultrasound machines, Dialysis, Radiant Warmer (till SNCU level)Auto-analysers in laboratories (Bio-chemistry, immunology, Hematology). Analog machines to be connected via IoT devices provided by the State.And other digitally compatible devices to be connected through global standards e.g. HL7, DICOM |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
|---|---|---|---|---|---|---|
| 33 9 | 28 | 3.1.14. Queue Management System | Queue management component will manage patient queue of registration, billing, OPD, Pharmacy, laboratory and radiology with easy token generation process. This component will serve patients on a first come first serve basis. Display units will be configured department wise / central screen as per requirement also screens will be shown patient UHID, name and destination location easily readable fashion. | Need to know if Queue management is an integrated system between departments or individual standalone. | Need to understand so that the proposed solution can be provided. | It will be an integrated system |
| 34 0 | 29 | 3.1.18. Diet Management | HIMS Diet management module should provide assistance to Hospital Kitchen in providing meals to inpatients as per instructions from Dietician. This module should facilitate Dietician to prescribe a diet as instructed by the physician to any given patient. This module should allow the maintenance of meal scheduling, customizing meals as per patient meals and recording of individual meal orders. Diet management module should allow the user to create the | should the Diet orders be linked to Kitchen ? Will the patient orders directly reflect in the kitchen to the chef ? | Need to understand so that the proposed solution can be provided. | Yes |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
|---|---|---|---|---|---|---|
| | | | food items groups based on food items available in the hospital kitchen | | | |
| 34 1 | 33 | 3.8. Centralized Accident and Trauma Services | These are facilities that are used to manage emergency situations involving trauma and accidents. With the techniques of communication and co-ordination, these services help the community to handle these situations in somewhat more confident way. | Will this involve the tracking of the patients from one hospital to the other ? | | Integration required with the existing system |
| 34 2 | 40 | 4. Schedule of Services | g) Data migration from existing (legacy) applications to the proposed (new) applications. | What is the amount of data to be migrated ? | | Please refer corrigendum |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
|---|---|---|---|---|---|---|
| 34 3 | 43 | 5. Implementation Plan | 20 Monitoring & Maintenance Till end of the project | Will there be AMC to take over ? | | As per RFP, can be extended for two years |
| 34 4 | 109 | 16. Timelines and Payment Schedule | Customization of Integrated suite of IT (IT suite-1) application including HIMS-1 (Front Office Registration & Billing with ABDM Standards, Queue Management, Telemedicine, Emergency, Patient Portal, Ambulance, Radiology Information System, Laboratory Information Management System, Pharmacy, Inventory, MIS/Dashboard)Integration with Supply Chain Management, Integration with Asset Management, DVDMS,Front Line Worker App, Outreach and Mobile Health programme, Central MIS Dashboard, Integration with Field worker apps-Ashwin portal, Integration with Finance Management, Integration with Human Resource Management System, Integration with Centralized Accident and Trauma Services, Integration with Patient Transport/ Ambulance Management | There is no payment defined for this. | | As per RFP |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
|---|---|---|---|---|---|---|
| | | | System, Integration with Centralized IT Helpdesk / Incident Management | | | |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
|---|---|---|---|---|---|---|
| 345 | 10.2 Page No 78 | Pre Qualification Criteria - Total Turnover | The Bidder should have average annual turnover of INR 200 (Two hundred) Crores in the last three financial years (i.e. 2018-2019, 2019-2020 & 2020-2021) from IT / ITES / Consulting Services. | We request you to add a condition that will waive off this requirement for agencies that are already empanelled with National or State Agencies (Such as MeitY, National Health Authority etc) as Software Development Agencies through an RFE / RFP process | This will enable quality vendors who have specific experience to participate in the tender but are a short of the turnover requirement. | As per RFP |
| 346 | Tender Schedule, Page 1 | Last date and time of submission of online bids | 28th February 2022 by 18:00 Hrs. | Request you to extend this by 15 days | This is a very comprehensive RFP and the additional time will help the vendors prepare a detailed plan and add suggestions that will be added value during the selection process | As per RFP |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
|---|---|---|---|---|---|---|
| 34 7 | Additional Clarification | | | Would BMSICL be open to solutions that are existing that meets many requirements their requirements if the source code is shared (or open source) but the IP is with the vendor? | | As per RFP |
| 34 8 | Section 3.1.1. , Page 23- 24 | Registration Management | The patient registration module is an integral part of the HIMS system, which captures complete and vital patient information | Are there any Government ID such as Aadhar No./Voter ID/ Drivers License etc. that would need to be captures as part of Patient Registration?

If yes, would there be integration with any of the related system for validation | | MSP to propose best practices to achieve desired outcomes. |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
|---|---|---|---|---|---|---|
| 34 9 | Section 3.2.4. , Page 32 | Supply chain management | Integration with all the Front Line Worker applications and development and implementation of any other application as required by the client | How many different existing Front Line Worker applications are currently in use . Kindly share the list

What would be the existing Database type and Data Volume and is any data migration considered within the RFP scope | | A list of existing applications has been provided in corrigendum |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
|---|---|---|---|---|---|---|
| 350 | Section 3.5. , Page 33 | Integrations | The proposed solution needs to integrate with existing state applications and solution to track and monitor beneficiaries under other program. Integration with other State-based health programs is also envisaged and should be taken up by MSP | How many different existing types of state applications, State-based health programs and solution are currently in use . Kindly share the listWhat would be the existing Database type and Data VolumeExisting and To-Be process Flows for the applicationsHow will the systems be accessed from Cloud? E.g. VPN TunnelWe also need specific definition of Querying? e.g. DB access or API access | | A list of existing applications has been provided in corrigendumDepartment will coordinate and help to get API access for selected application for integration. |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
|---|---|---|---|---|---|---|
| 35 1 | Section 4., Page 40 | Schedule of Services | Data migration from existing (legacy) applications to the proposed (new) applications. | Kindly confirm details about overall landscape details to be migrated to new CSP with storage size, OS, DB, security, deployed cloud architecture for reference, BoM if possible for planning migration strategy. Also please share the current DB version and edition and storage size.<br><br>The following details also need to be addressed<br><br>Need clarity on who will be responsible for the structuring of Data format.<br><br>Will there be availability of SMEs for all the details being fetched?<br><br>How long this process is expected to be enabled?<br><br>Under whose purview is the Data cleansing responsibility so as to ensure the capture and rectification of Corrupt data | Migration planning | Please refer corrigendum |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
|---|---|---|---|---|---|---|
| 35 2 | Section 3.9., Page 33 | Centralized IT Helpdesk / Incident Management | A centralized IT Helpdesk is required to be set up as part of the scope | Does the RFP scope include on the provisioning of a IT system for Incident Management or does it also include the deployment of IT helpdesk resources as well? | | MSP to propose best practices to achieve desired outcomes. |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
|---|---|---|---|---|---|---|
| 353 | Section 4., Page 41 | Schedule of Services | Operations and Maintenance (AMC) of application. ATS from OEM should be made available till the expiry of the project. | We would like to understand if the AMC scope includes all L1, L2 & L3 support?<br><br>If L1 support is included we would require the following clarification<br><br>- No. of Helpdesk resources required<br>- Will the facility & infrastructure of the helpdesk centre be provides by BMSICL<br>- What will be the actual operational time of IT Helpdesk? (e.g. 24/7, shifts etc.)<br>- Any information on the roles and responsibilities/ activities/scope of work for IT helpdesk resources? | | AMC and ATS for all the OEMs proposed in response to the RFP by the MSP/bidder will be the responsibility of the MSP/Bidder. |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
|---|---|---|---|---|---|---|
| 35 4 | Section 8.5., Page No. 60 | Infrastructure specifications and requirements | Integrated Digital Health Solution shall be deployed on MeitY empanelled infrastructure environment to be provided by MSP. MSP needs to provide the complete end to end solution stack for the same. MSP's proposal should cover every component to be used in the ecosystem and provide details (BOM) for each component considering growth-rate of average 20% year-on-year for next 5 years. MSP should adhere and follow all the policies and guidelines defined for MeitY empanelled cloud infrastructure | We understand that the provisioning MeitY empanelled Cloud Service infra includes both Data Centre (DC) and Disaster Recovery (DR) facility. Kindly confirm. Also, What is the expected concurrency on HIMS system and Citizen portal respectively ? | | MSP to provide MeitY impaneled cloud solution provider and hosting of solution components as part of the proposed solution. GoB shall be responsible to facilitates the procurement of the desired infrastructure. The proposed solution should focus on on-demand scalability. |
| 35 5 | | | | Though not mentioned in the RFP, we would like to know what is the plan of BMSICL on the hospitals who have already installed or invested in an HIS. | | One system across all the Health Institutions to be proposed by MSP |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
|---|---|---|---|---|---|---|
| 356 | | | | Is the expectation to create a standard clinical system which replaces the existing HIS in all hospitals / locations? Kindly clarify . The reason for this query is that we understand that some of the hospitals in the Government have already implemented HIS in their Hospital.  Will this New HIS project replace these existing HIS or will there be any integration activity. Wanted to have some clarity on the same. | | One system across all the Health Institutions to be proposed by MSP |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
|---|---|---|---|---|---|---|
| 35 7 | Section 11, Point 2 & 3, Page 81, 82 | Bidder experience | The bidder or consortium members have experience in ongoing or completed projects of total value in design, development, implementation of projects in IT Transformational project / ICT Components / EGovernance/ Digital Solution projects with any Government / State Government / PSUs in last five (5) years (from FY 2016-21).<br><br>The bidder or consortium members have experience in Government Advisory cum Supervision & Monitoring related engagement involving mobilization of minimum of 100 team members on ground and providing state-wide implementation support in Infrastructure / Development sector projects in any Government / State Government / PSUs in last five years (from FY 2016-21) | We would like to understand whether the Bidder experience required has to be Specifically in India, or we can quote International experience as well ? (as the clause does not specifically mention India) | | Please refer corrigendum |
| 35 8 | | | | Online pre-bid meeting through email | | As per RFP |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
|---|---|---|---|---|---|---|
| 359 | | | | Online pre-bid meeting through email | | As per RFP |
| 360 | | | | Online pre-bid meeting through email | | As per RFP |
| 361 | 17,2.2 | Objectives and expected outcomes | Objective-1 : Automation of basic medical screening services and community health initiatives -connected medical devices at all levels of care for automated / minimalistic assisted screening and diagnostic services and preventive care: | Clarification Needed: Under 3. Scope of work there is no mention of equipment to be integrated and preventive care equipment availability. Here, should we consider supplying preventive healthcare screening devices, if yes please clarify the quantity and place to put the devices? | | All the required Hardware will be the responsibility of GoB |
| 362 | | | As the entire tender is for Bihar State Health System Digitization , the scope of work is huge and complex. Hence it needs to involve different service providers in our panel to deliver the desired quality levels | Needed :Please allow us to use the services of our partner companies/ service providers / subcontractors to achieve the desired outcomes to the fullest extent. | | Consortium and Sub-contracting as per defined terms in RFP. |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
|---|---|---|---|---|---|---|
| 36 3 | 69,9.11 | Earnest Money Deposit | The Bidder shall furnish, as part of its Bid, and Earnest Money Deposit (EMD) of INR 2 Crore/- (INR Two Crore only) through means of a Bank Guarantee (as per Annexure – IX), from a scheduled bank, drawn in favour of MD, BMSICL, valid for 180 days from the Bid submission end date, payable at Patna, Bihar. No Bidder is exempted from furnishing the said EMD. The currency of the EMD shall be Indian Rupees (INR) only. | In addition to this clause as per Rule 170 of GFR--- "Micro and Small Enterprises (MSEs) as defined in MSE Procurement Policy issued by Department of Micro, Small and Medium Enterprises (MSME)" are exempt from submission of EMD (Bid security). Or Bidders can claim exemption of EMD under this rule(170 of GFR) are however required to submit a signed Bid securing declaration accepting that if they withdraw or modify their Bids during the period of validity, or if they are awarded the contract and they fail to sign the contract, or to submit a performance security before the deadline defined in the request for bids document, they will be suspended for the period of 12 months from being eligible to submit Bids for tenders. | You are requested to allow the same. | As per RFP |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
|---|---|---|---|---|---|---|
| 36 4 | 81-82,11 | Bidders Experience | The bidder or consortium members have experience in Government Advisory cum Supervision & Monitoring related engagement involving mobilization of minimum of 100 team members on ground and providing state-wide implementation support in Infrastructure / Development sector projects in any Government / State Government / PSUs in last five years (from FY 2016-21) I. If project cost is more than INR 200 Cr. (maximum up to 03 projects) – Max. 03 Mark II. Additional 01 marks if the project is executed in health domain sector involving deployment of more than 200 personals at the State/Dist./Block level for the any organization of central or State or PSUs III. Additional 01 mark if the project is executed in State of Bihar | As per the Sr. No. 2 of the same clause, experience in ongoing project in the same matter should be considered. | | Please refer corrigendum |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
|---|---|---|---|---|---|---|
| 365 | Page No. 79 Point No. 10 | Pre-Qualification Criteria (Sr. No. 7) | The total number of consortium members cannot exceed THREE (3), including the lead bidder of the consortium. | The total number of consortium member | shall not be more than 2, because it is difficult for consortium members to restrict or limit its liability. in such type of projects. | As per RFP |
| 366 | Page No. 40 Point No. 4 | Schedule of services | Data migration from existing (legacy) applications to the proposed (new) applications. | What will be the volume of Data and format? | Please Clarify. | Please refer corrigendum |
| 367 | Clause 2.3 Page 19 | Bihar State Health Profile |  | We request Authority to clarify on the approximate increase or addition of healthcare facilities during the project contract period. Further, in case of substantial increase (above ...), we request the Authority to compensate the MSP for each additional ... included based on th... Kindly consider. | Ideally deviation upto +/- 5% of the number of hospitals can be covered in the scope of work and any additional facility should be charged extra to the Client. | As per RFP |

Table in image id 1:

| Type of hospital | No. of hospitals |
|---|---|
| District Hospital (DH) | 36 |
| Sub Divisional Hospital (SDH) | 45 |
| Community Health Centre (CHC) | 221 |
| Referral Hospital (RH) | 59 |
| Primary Health Centre (PHC) | 244 |
| Additional Primary Health Centre (APHC) | 1451 |
| Health Sub Centre (HSC) | 10876 |
| Grand Total | 12932* |

*Numbers could be updated by State government during the course of project and may even go up.

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
|---|---|---|---|---|---|---|
| 368 | Clause 3.2 Page 31-32 | Enterprise Resource Planning (ERP)3.2.1 Finance and Accounting3.2.2 Asset Management3.2.3 HR Management3.2.4 Supply chain Management | MSP is responsible to implement a full-fledged ERP at institutional level for all health facilities in State. ERP should contain below mentioned but not limited to modules:• Finance, Accounting, Costing & Budgeting• Procurement and Inventory Management• Human Resource Management (Including Employee and Manager Self Service) & Payroll• Supply Chain Management• Dashboard and Reports• System AdministrationMSP will be responsible to integrate proposed institutional ERP to State applications (but not limited to) like eUpkaran, PFMS, CFMS, Tally and State HRMS | We understand the proposed ERP is already in place and the scope of MSP under this is to integrate with the HIMS platform only. Kindly confirm. Further, we request Authority to provide us with the list of existing State ERP applications that need to be integrated under this scope. If the scope of MSP is to develop the ERP system, we request Authority to provide the list of features/modules expected under each of the different modules as a part of the ERP platform. | The scope under ERP is very vast and is time and cost-intensive to develop a new application. Listing down the features/functionalities expected out of the platform and applications to be integrated will help the MSP to manage vendors and the Financial Bid accordingly. | Please refer to corrigendum for list of modules in HIMS. MSP has to integrate HIMS with the state ERP applications |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
|---|---|---|---|---|---|---|
| 36 9 | Clause 3.2.2 Page 31 | Asset Management | This refers to management of all the equipment and assets of the hospitals used for Patient Administration Services, Patient Clinical Services and Support Services provided by different departments within the hospitals. This includes equipment visibility, utilization history, maintenance schedule and new requirements. e.g., biomedical equipment, security equipment, IT hardware, etc. Integration with eUpkaran at State level would also be required. | We understand the role of MSP is limited to integrating the existing (e-Upkaran) Asset Management platform with HIMS only. It would be responsibility of Authority to manage and maintain the e-Upkaran platform on regular basis. Kindly confirm. | As per document, Authority is already using e-Upkaran platform for asset management and MSP's role is only to integrate with HIMS. Managing and maintaining e-Upkaran shall remain with Authority only. | MSP will be responsible to integrate exiting applications |
| 37 0 | Clause 3.2.4 Page 32 | Supply Chain Management | Integration with all the Front Line Worker applications and development and implementation of any other application as required by the client. | We request Authority to provide the list of FLW applications integrated as well the list applications along with the functionalities that the MSP needs to develop as a part of this scope. Kindly consider. | The list of existing FLW applications and other applications to be developed have not been mentioned in the RFP and this has cost implications. | MSP would be required to initially integrate with existing applications and simaltaneously develop the FLW application with all the requierd features. |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
|---|---|---|---|---|---|---|
| 37 1 | Clause 3.5Page 33 | Integrations | The proposed solution needs to integrate with existing state applications and solution to track and monitor beneficiaries under other program. Integration with other State-based health programs is also envisaged and should be taken up by MSP. | We request Authority to provide the list of existing state applications that needs to be integrated as a part of this scope.Kindly consider. | The list of existing State applications has not been mentioned in the RFP and this has cost complications. | Please refer corrigendum |
| 37 2 | Clause 3.11 Page 36 | Integration with IoT Devices and Kiosks | The proposed solution should be able to integrate medical devices through IoT devices to monitor functionalities of existing medical devices across health system of State. The proposed solution should have capabilities to provide ease of use for the public through Kiosks at intuitional level. | We request the Authority to confirm the same as discussed in the pre-bid that the procurement and supply of sensors and medical devices are not included in the scope of MSP. The role of MSP is to only integrate these devices and sensors with the platform. Kindly confirm. | IoT device or sensor are CAPEX intensive and as at this stage it is unclear on the type of automation which would be suitable for health facilities. In this regard, it is imperative that Authority procure the sensors/device and MSP can integrate the same. | Hardware procurment will be responsibility of state government and MSP will be responsible for integration with IoTs |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
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| 37 3 | Section 4 (g) Page 40 | Section 4: Schedule of Services | g) Data migration from existing (legacy) applications to the proposed (new) applications. | We request Authority to confirm the same as discussed in the pre-bid that the data migration here is applicable only to the applications that are being integrated by the MSP as a part of the scope. Further, we request Authority to provide the list of existing (legacy) applications for data migration to HIMS. This would help the MSP to estimate the effort requirment as well as develop a robust work plan. Kindly clarify and confirm. | Data Migration is a very tedious and time consuming process and considering limited time availablity for HIMS implementation, it is imperative that Authority provides as much clarity on this aspect to bidders for better preparedness. | Please refer corrigendum |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
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| 37 4 | Section 4 (n)Page 40Clause 15.9.7.3Page 104 | Section 4: Schedule of ServicesSection 15: Exit Management | n) Operations and Maintenance (AMC) of application. ATS from OEM should be made available till the expiry of the project.15.9.7.3. Handover of all AMC support related documents, credentials etc. for all OEM products supplied/ maintained in the system. Handover MoUs signed (except the commercial part) for taking services taken from third parties. | We understand that maintenance of OEM is not under the scope of MSP as procurement of OEM is not part of this agreement. In this regard, we request Authority to confirm that these clauses are not applicable to the MSP. | AMC of HIMS application is in scope of MSP but Annual Technical Support of OEM which were procured by Authority should not be part of this Contract. | AMC and ATS for all the OEMs proposed in response to the RFP by the MSP/bidder will be the responsibility of the MSP/Bidder. |
| 37 5 | Section 5 (7) Page 43 | Implementation Plan | 7. Other Applications-- Quality Management System, Project Management, Centralized Accident & Trauma Services, Command and Control Center | We request Authority to kindly clarify if Quality Management System and Project Management are included in the scope of RFP as they are not mentioned under Scope section but are linked to the implementation plan. Kindly clarify. | | As per RFP |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
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| 376 | Section 6 (2) Page 45 | Section 6: Stakeholder's Roles and Responsibilities<br><br>(2) Execution Agency: State Health Society (SHS) | • Provide sign off on the deliverables of the project<br>• Monitoring of overall timelines, SLA's and calculation of penalties accordingly.<br>• Ensure timely payment of invoices as per agreed terms with MSP<br>• Working closely with the MSP to undertake the field work | Timelines for submission of milestones has been defined and linked with penal provisions. There should be timelines to give sign-off on deliverables by Execution Agency and BMSICL. In case, a particular milestone is submitted and the same is not signed and approved by Execution agency and BMSICL within 15 days, the same should assumed to be approved for the contract purposes in order to complete work within the time frame given under the contract. On any such delay on account of Authority's approval, we request Authority to not consider it as MSP's default. | Proactive Approval / periodic suggestions and support from Authority will help the MSP to cover the ground as per the project time line and would enable MSP to maintain the cash flow as well as corrective coarse of action in case of any eventualities. | As per RFP |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
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| 377 | Clause 8.1.2Page 152 | Design Guidelines and Policy Standards | Solution component design considerations should be follows as applicable -▪ Pluggable and scalable architecture▪ Technology enabler and easy adoption of new technology products▪ Open-sources software products▪ Platform as digital health enabler▪ Quality health services▪ Platform security | We request Authority to consider non-open source software products as solution component. In that case, all the licensing and relevant cost will be borne by MSP. Kindly consider. | | There are no ristrictions to only Open Source Solutions only. Proposed solution shall focus on quality delivery of desired outcomes.Software license required for the proposed solution by the MSP is under the scope of MSP |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
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| 378 | Clause 8.1.7 (a) Page 54 | Document Management System | OCR (optical character recognition) | We request Authority to carry out this exercise through a separate initiative /Tender / RFP for OCR to digitize the available document. However, MSP shall have the HIMS application prepared / readiness to integrate the OCR / digital documents carried out by other Agencies. Kindly confirm and consider the request. | We understand that the OCR of documents would largely depend on the document type / conditions /local dialect etc. in this regard, it would be very challenging task to capture and digitize the available documents and cost & resource intensive component. | As per RFP |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
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| 379 | Clause 8.5 Page 60 | Infrastructure Specifications and Requirements | Integrated Digital Health Solution shall be deployed on MeitY empanelled infrastructure environment to be provided by MSP. MSP needs to provide the complete end to end solution stack for the same. MSP's proposal should cover every component to be used in the ecosystem and provide details (BOM) for each component considering growth-rate of average 20% year-on-year for next 5 years. | We request Authority to provide clarity on this clause and the rationale of this 20% year-on-year growth as this will impact the Financial Bid. Kindly clarify. | - | As per RFP, Bidder can calculate their own estimate and submit the Bid |
| 380 | Clause 9.14 Page 71 | Financial Proposal | The Financial Proposal should include all the GST/Service Tax, other Taxes, Duties, Cess, etc. | We request Authority to clarify if it is exempted from GST. Kindly clarify. | | Taxes/Duties will be applicable as per prevailing rates |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
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| 38 1 | Clause 9.24 Page 75-76 | Taxes & Duties | 9.24.1 All Custom Duties, Excise Duties and any other Taxes, GST/service Tax, Duties, Cess and Levies payable by the Bidder in respect of any transaction for procuring any services, components, sub-assemblies, raw-materials and equipment shall be included in the Bid price and no separate claim on this behalf will be entertained by BMSICL. 9.24.2. Bidder shall be responsible for all statutory and regulatory compliance and for obtaining any permits, licenses or other statutory documents required by Government /BMSICL officials in connection with the supply of the Services. 9.24.4 All taxes including in GST/Service Tax etc. during the contractual period shall be as per applicable rates. 9.24.5. The Bidder shall be fully and solely responsible for the payment of all central, state and local taxes and contributions (including penalties and interest) | We request Authority to add "Change in Laws" clause in contract conditions in RFP. Kindly consider. | If there is any change in laws which will increase/decrease the cost of the project shall be adjusted accordingly. Since, evaluation of financial bid is inclusive of taxes, it is advisable to have provision for changes in laws in contract conditions. | As per RFP Taxes will be payable as per the clause 9.24.4 |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
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| | | | imposed pursuant to income tax,  GST as and when applicable, compliances as stated in this agreement or any other similar  statute to the Govt. and to the employees and /or persons engaged and/or deputed by the Tenderer pursuant to this contract. | | | |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
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| 38 2 | Section 10 (1) Page 78<br><br>Annexure VI Page 127 | Section 10: Pre-Qualification Criteria (1) Legal Entity<br><br>Annexure VI: Bidder's Checklist | Documents required to be submitted:<br>• Certificates of Incorporation/ Registration as applicable<br>• Memorandum of Association or Articles of Association<br>• Registration as applicable of the consortium member firms / sole bidder | Since, the certificates of Incorporation/ Registration is being mentioned in the first pont. We understand that the member firms in case of consortium/ sole bidder the documents that are required to be submitted are:<br>• Memorandum of Association or Articles of Association<br>• Registration as applicable of the consortium member firms / sole bidder<br>Kindly confirm the documentation requirement. | | Yes |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
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| 38 3 | Section 11 (2)Page 81-82Annexure IVPage 125 | Section 11: Technical Evaluation Criteria Annexure IV: Project Details Certificate by Chartered Accountant /Statutory Auditor | 2. Bidder's Experience:The bidder or consortium members have experience in ongoing or completed projects of total value in design, development, implementation of projects in IT Transformational project / ICT Components / E-Governance/ Digital Solution projects with any Government / State Government / PSUs in last five (5) years (from FY 2016-21).I. If Project Cost is more than INR 05 Cr. (Maximum up to 03 Projects) – Maximum 06 Marks (2 marks for each project)OrI. If Project cost shall be more than INR 01 Cr. To INR 05 Cr ((maximum up to 6 projects) – Max. 06 MarksAnnexure IV:Project wise revenue/ payment received by the bidder (name of the Bidder) as on 31st March 2021 as per audited statement is as follows | We understand that here the 5 cr project cost is related to the contract value of the assignment. Kindly clarify. | Documents required to be submitted are directed to Annexture II & IV for Bidder's experience. In Annexure IV, Revenue/Payment (INR Crore) is being asked but in the Technical Evaluation Criteria, Project cost is mentioned. | Yes |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
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| 38 4 | Section 11 (2) Page 81-82 | Section 11: Technical Evaluation Criteria 2. Bidder's Experience | Additional 02 Marks (1 mark for each project) if the bidder has experience of maintenance of contract for minimum 3 years in last 5 years | As per the criteria we understand that any ongoing project with 3 years of maintenance phase will be considered as qualifying project. Kindly confirm. | - | As per RFP |
| 38 5 | Section 11 (3) Page 82 | Section 11: Technical Evaluation Criteria 3. Bidder's Experience | The bidder or consortium members have experience in Government Advisory cum Supervision & Monitoring related engagemnet involving mobilization of minimum of 100 team members on ground and providing state-wide implementation support in Infrastructure/ Developemnt sector projects in any Government/ State Government/ PSUs in the last five years | Request Authority to please amend the criteria as follows: "The bidder or consortium members have experience in Government Advisory/ Supervision & Monitoring related engagemnet involving mobilization of minimum of 100 team members on ground and providing state- wide implementation support in Infrastructure/ Developemnt sector projects in any Government/ State Government/ PSUs in the last five years" | Any Government/ State Government/ PSUs, either appoint Government Advisory or Supervision & Monitoring related engagemnet for support in Infrastructure/ Development sector projects. | Please refer corrigendum |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
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| 386 | Clause 12.5.2 Page 87 | Best Value Determination and Final Evaluation | Financial bid evaluation will be done on total prices including GST/Service Tax. | We request Authority to consider not including the GST/Service Tax for Financial Bid evaluation. | It is general practice to evaluate the Financial Bid excluding the GST/Service Tax. | As per RFP |
| 387 | Clause 15.8.3 Page 103 | 15.8 Arbitration | The arbitration shall be in accordance with the procedure prescribed under the Bihar Public Works Contracts Disputed Arbitration Tribunal Act 2008. | In General/standard practices, the arbitration shall be in accordance with the procedure prescribed under the The Arbitration and Conciliation Act, 1996. | Generally, in such large scale project Arbitration process is governed under Arbitration and Conciliation Act 1996. However the location for conducting Arbitration shall be kept at Patna. | As per RFP |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
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| 38 8 | Clause 15.9.7 Page 104 | 15.9 Exit Management | 15.9.7.3 Hand-over of the entire hardware and software solution including source code (of customized part), program files, configuration files, setup files, Project documentation, user IDs, passwords, security policies, scripts etc., the transaction Portal and Mobile application developed for BMSICL/SHS. | A) Requesting Authority to consider the following: The MSP shall put the source code in the Software Escrow account for the duration of contract, in case of any eventuality or early termination during the contract/Agreement, the Authority may use the source code to fulfill the contract obligations. At the end of the contract, if the MSP's contract doesn't get renewed the MSP shall surrender all the data and configuration file with Authority. Since the source code is SaaS based it would be difficult to hand over to Authority. B) We request the Authority to list out the hardware that needs to be hand-overed to the Authority. Kindly consider and confirm. | - | As per RFP, Hardware is not covered under responsibility of MSP |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
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| 38 9 | Section 16Page 112 | Timelines and Payment Schedule | | A) Payment associated with Operations and Maintenance Stage is 30%, we understand it is misprinted as 60% in the payment milestone table. B) We request the Authority to make payments on monthly-basis instead of quarterly. Kindly consider. | It is typing error and hence, needs to be updated. | Please refer corrigendum |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
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| 390 | Section 16 Page 114 | Timelines and Payment Schedule | The successful bidder (MSP) will be required to maintain with a Scheduled Commercial Bank Account, acceptable to SHS An Escrow Account as a payment security mechanism to protect the interest of SHS, All the revenues of the MSP from implementation phase and O&M phase shall be credited to this account and outflows of cash on account of payments to SHS and other purposes shall be debited, in accordance with the provisions of the Master Service Agreement (MSA) signed between SHS and the successful bidder. | Requesting the Client to clarify the following: A) As we understand, the need of Escrow Account is more applicable for PPP model of contracting and this being a milestone-based model, we request Authority to pay MSP based on the invoice raised as per the milestones. In this regard, we understand that the need for Escrow account gets eliminated. B) If Escrow account is required, then we request Authority to bare the cost of opening & managing the Escrow account, as funds are going to flow from Authority side? C) If Escrow account is required, then please provide the modalities of Escrow Operations? | Escrow Account generally works effectively when there is revenue flow from MSP to Authority. But here the case is reversed. | As per RFP |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
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| 39 1 | Section 16 (8), (10)Page 110-111 | Timelines and Payment Schedule | 8. Other Applications-- Learning Management Solution, Quality Management System, Project Management10. HIMS-3 (IP Billing, Integration with Blood Bank Management System, Payment Gateway Integration, Biomedical Engineering Biomedical Waste Management, Linen & Laundry Development) | We request Authority to kindly clarify if Learning Mangement Solution, Quality Management System, Project Management and Biomedical Engineering Biomedical Waste Management are included in the scope of RFP as they are not mentioned under Scope section but are linked to the payment schedule. Kindly clarify. | | As per RFP, it is part of scope for MSP |
| 39 2 | Section 16 Page 114 | Timelines and Payment Schedule | Implementation Period 1. SHS will release the payment of 70% of invoice amount through escrow account with 7 Days on submission of invoices by the MSP for deliverables-based payment, subject to the condition that invoices and all supporting documents produced are in order and work is performed as per the scope of the project and meeting the SLA Criteria. Remaining amount of 30% shall be released after due | We request Authority to clarify what kind of supporting documents need to be furnished. Kindly clarify. | | 70% with submission Invoice and Project status report, 30% after the verification of milestone certificate from the competent authority |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
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| | | | verification of invoices and deliverables by SHS. | | | |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
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| 39 3 | Annexure II Page 123 | Format for Self-declaration of Technical Capability | In accordance with eligibility requirements of this tender process, we _____<<Name of the Bidding firm>>_____ wish to declare that we have an experience of implementing following solution in Digital Health Domain; | We request Authority to to add IT Transformational project/ ICT Components/ E-Governance/ Digital Solution project along with Digital Health domain in Annexure-II to claim the bidder's experience as stated in Section 11: Technical Evaluation Criteria. Kindly consider. Requesting Authority to modify as this. In accordance with eligibility requirements of this tender process, we _____<<Name of the Bidding firm>>_____ wish to declare that we have an experience of implementing following solution in Digital Health Domain/IT Transformational project/ ICT Components/ E-Governance/ Digital Solution | There is mismatch in criteria and format. Hence, requesting to make the necessary changes in the format as per the criteria. | Please refer corrigendum |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
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| 39 4 | Annexure IVPage 125 | Project Details Certificate by Chartered Accountant /Statutory Auditor | Project wise revenue/ payment received by the bidder (name of the Bidder) as on 31st March 2021 as per audited statement is as follows | From Technical Criteria (3), we understand that any contract for which we have carried out the supervision and monotoring of infrastructure works shall have the projects cost of INR 200 Cr.Accordingly the under the Annexure IV, there should be one columm for the project cost criteria. Kindly clarify and confirm. | Documents required to be submitted are directed to Annexure II & IV for Bidder's experience. In Annexure IV, Revenue/Payment (INR Crore) is being asked but in the Technical Evaluation Criteria, Project cost is mentioned. | Please refer corrigendum |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
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| 39 5 | Annexure VIII Page 135 | Financial Bid | **BMSICL may consider utilizing the services of bidder to implement/accommodate any change request that are not part of the scope of this RFP on the person-month utilization concept. Further, the person-month bundle rate shall be considered as a part of price bid evaluation, however the same shall not be considered as part of total contract value. | Requesting Authority for not making the person-month bundle cost include in the Financial Bid. Authority can separately negotiate with the Appointed MSP at the later stages based on the requirement as per mutually agreed Terms & Condition. | At this stage, seeking a bundled cost from MSP would provide a huge variation on account of absence of manpower qualification requirements and actual purpose of their utilizaiton. | As per RFP |
| 39 6 | Annexure IX Page 136 | Format for Earnest Money Deposit | Sealed with the Common Seal of the said Bank this <<insert date>>. | Requesting the Authority to consider replacing "Common Seal" with "Seal only". | | As per RFP, Bidder can get the authorised signatory and seal from the eligible banks for EMD |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
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| 39 7 | | | This guarantee will remain in force up to <<insert date>> and including <<extra time over and above mandated in the RFP>> from the last date of submission and any demand in respect thereof should reach the Bank not later than the above date. | Requesting the Client to modify the Clause as per below. This guarantee will remain in force up to <<insert date>> and including <<extra time over and above mandated in the RFP>> from the last date of submission and any demand in respect thereof should reach the Bank. | | As per RFP |
| 39 8 | | | NOTWITHSTANDING ANYTHING CONTAINED HEREIN:   I. Our liability under this Bank Guarantee shall not exceed INR.  II. This Bank Guarantee shall be valid up to <<insert date>>  III. It is condition of our liability for payment of the guaranteed amount or any part thereof arising under this Bank Guarantee that we receive a valid written claim or demand at  bank limited……. for payment under this Bank Guarantee on or before <<insert date>>) failing which our liability under the | Requesting the Authority to please add work at name of bank as mentioned. Please refer to the highlighted text. | | As per RFP |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
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| | | | guarantee will automatically cease. | | | |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
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| 39 9 | Annexure XI Page 145 | Format for Performance Bank Guarantee & Additional Bank Guarantee | The Bank undertakes not to revoke this guarantee during its currency without previous consent of the OWNER/PURCHASER and further agrees that the guarantee herein contained shall continue to be enforceable till the OWNER/PURCHASER discharges this guarantee or till.......(expiry date), whichever is earlier . OWNER/PURCHASER shall have the fullest liberty without affecting in any way the liability of the Bank under this guarantee from time to time to extend the time for performance by the SELLER of the aforementioned CONTRACT. The OWNER/ PURCHASER shall have the fullest liberty, without affecting this guarantee, to postpone from time to time the exercise of any powers vested in them or of any right which they might have against the SELLER, and to exercise the same at any time in any manner, and either to enforce to forebear to | We request the Authority to please add change suggested by Bank. Please refer to the highlighted text.<br><br>Please consider. | | As per RFP |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
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| | | | enforce any covenants contained or implied, in the aforementioned CONTRACT between the OWNER/PURCHASER and the SELLER or any other course of or remedy or security available to the OWNER/PURCHASER. | | | |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
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| 40 0 | | | Notwithstanding anything contained herein above our liability under this Guarantee is restricted to Rs. _____ (Rupees _____ _) and it shall remain in force up to and including _____ and shall be extended from time to time for such period as may be desired by the SELLER on whose behalf this guarantee has been given . | Requesting the Authority to please add change suggested by Bank. Please refer below revised text. Notwithstanding anything contained herein above: I. Our liability under this Bank Guarantee shall not exceed INR_____ II. This Bank Guarantee shall be valid up to _____ andIII. We are liable to pay the guaranteed amount or any part thereof under this Bank Guarantee only and only if you serve upon us a written claim or demand at BANK Limited, _____ (branch of issuance) on or before _____. | | As per RFP |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
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| 40 1 | Annexure XII Page 148 | Format for Consortium Agreement to be entered amongst all memebers of a Bidding Consortium | 4. In case of any breach of any of the commitment as specified under this Agreement by any of the Consortium Members, the Lead Members of the Consortium shall be liable to meet the obligations under the Tender. | Requesting the Authority to modify the statement as below: "Lead member may fulfil the commitment in case of breach by any consortium member by way of replacement of defaulting member and / or by executing the same by themselves with prior consent of SHS." | | As per RFP |
| 40 2 | | RFP (Additional query) | RFP (additional query) | We request the Authority to share approximate number of HMIS users (Doctors, Nurses, Hospital Staff, ASHA, ANM and any other). Kindly consider. | This information is critical for Cloud sizing. | Please refer corrigendum |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
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| 40 3 | | RFP (Additional query) | Delay in payment | Requesting Authority to consider the Interest on delay payment on account of Authority's delay. The MSP shall be entitled a late payment interest as per the below framework –A) In case of delay by 45 days - MCLR+3% p.a. from the date of submission of invoiceB) Beyond 90th day – Bidder can initiate the termination of Agreement | Interest on delayed payment to MSP is not included in RPF and draft terms of contract. This clause should be there in the final agreement. | As per RFP |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
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| 404 | 8.50, 60 | 8.50. | Infrastructure Requirement | MSP to provided end to end Solution Stack | 1. Do you have Oracle License with the govt or any enterprise database license. Or This need to be provided by the bidder ? 2. End user devices and hospital infra specification will be provided by MSP and procurement will be done by which agency and in what timeline. If any delay in that procurement, what impact that will have in MSP timeline. | 1. MSP to propose best solution 2. MSP will not be responsible for delays in hardware procurement which are in scope of State Health Society |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
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| 40 5 | 3.12, 36 | 3.2. Enterprise Resource Planning (ERP) | 3.12. Training & Capacity Building | The selected bidder shall arrange for training sessions for all end users on individual basis or TOT(Training of Trainers) model. | Estimation Cost based on every individual training will be too high.Our Suggestion to have TOT and team was pre decided for the same.Re-training of the above staffs is required whenever significant changes are implemented in the application and/ or personnel. If there is any replacement in the internal team will be trained by the Trainer appointment on this project by the Govt, Bidder will not be responsible for the same. | MSP to propose best possible solution for Training and Capacity building.MSP will be responsible for Training and Capacity building through out the contract period. |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
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| 406 | 14.1.1.3, 92 | 14. General Terms and Conditions | 14.1.1.3. | Support Solutions like PACS etc. and Proposed innovative solutions by MSP | Do we need to include the License Fee of Pacs inside the Bid cost or it should be managed by the Govt. If it would be the part of Bid, so please suggest the number of license required. | Please refer corrigendum |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
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| 40 7 | 14.1.1.2, 92 | 14. General Terms and Conditions | 14.1.1.2. | Work related to data entry | Data Entry Operators Need to provided by the Govt or the Vendor for District Hospitals (DHs), Sub-Divisional Hospitals (SDHs) which is nearly 81 hospitals.Approx. 5 Data Entry Operators for 1 hospitalNearly 405 data operator required | Pl. Refer Clause 14.1 - Sub-contracting - 14.1.1.2. Work related to data entry |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
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| 40 8 | 3.5., 33 | 3.5. Integrations | 3.5 | The proposed solution needs to integrate with existing state applications and solution to track and monitor beneficiaries under other program. Integration with other State-based health programs is also envisaged and should be taken up by MSP. | Integration with State Application, Will you please highlight all the state level application need to be integrated in the solution. As we must know the scope of integration as well. | Please refer corrigendum |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
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| 40 9 | 10, 78 | Pre-Qualification Criteria, 2 Total Turnover | 2 Total Turnover | The Bidder should have average annual turnover of INR 200 (Two hundred) Crores in the last three financial years (i.e. 2018-2019, 2019-2020 & 2020-2021) from IT / ITES / Consulting Services. | We have a ready to deploy application platform working in a similar size indian state across 700+ healthcare facilities and Our average turnover is 100 CR, hence request to reduce Turnover from 200 CR to 100 CR. | As per RFP |
| 41 0 | 3.1, 30 | 3.1.19. Technical Specification | 7. Picture archiving andcommunication system (PACS) | Digital storage, transmission and retrieval of radiology image | Licenses for PACS and all other components, Eixting PACS need Intigrate or Bidder need to setup new PACS system | Please refer corrigendum |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
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| 41 1 | 6, 45 | 6. Stakeholder's Roles and Responsibilities | 2. Execution Agency State Health Society (SHS) | Provide adequate space and compute resources at the State Data Centre for hosting requirement | Is Cloud hosting a part of bidder or provided by the Govt ? | Cloud hosting is under the scope of MSP |
| 41 2 | General | | | Required Hardware and Infrastructures | Will be Provided by Bihar Medical Services and Infrastructure Corporation Limited? | Hardware procurement shall be administered by GoB |
| 41 3 | General | | | Delay in the Procurement.. | Any Delay in the procurement of the infrastructure will impact the golive plan. Whats the procedure for the same ? | MSP will not be responsible for delays in hardware procurement which are in scope of State Health Society |
| 41 4 | 3.7 Command and Control Centre (CCC), Page 33 | 3.7 Command and Control Centre (CCC), | All IT applications of GoB to be integrated with currently functional CCC in Bihar. | We understand that the applications designed and implemented in this project shall be integrated with the existing CCC in Bihar. | | Yes |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
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| 41 5 | 9.3. Criteria for formation of Consortium by Bidder(s), Page 65 | 9.3.13 | In case of Consortium, all members of the consortium shall be liable, jointly and severally, during the bidding process and for the execution of the contract in accordance with the contract terms, and a statement to this effect shall be included in the authorization by all members. | We request you to remove the jointly and severally. The consortium members shall be responsible for only their piece of work, however lead member shall be responsible for the overall implementation. | | As per RFP |
| 41 6 | 9.14. Financial Proposal, Page 71 | 9.14.3 | The Financial Proposal should include all the GST/Service Tax, other Taxes, Duties, Cess, etc. | We request yout to change the clause to exclusive of taxes | | As per RFP |
| 41 7 | 10. Pre-Qualification Criteria, Page 78 | 2. Total Turnover | The Bidder should have average annual turnover of INR 200 (Two hundred) Crores in the last three financial years (i.e. 2018-2019, 2019-2020 & 2020-2021) from IT / ITES / Consulting Services. | We request you to modify the clause and accept INR 150 Crores as turnover. | | As per RFP |
| 41 8 | 11. Technical Evaluation Criteria, Page 81 | 1. Financial Capability | a. Minimum INR 200 Crore: 2 marks<br>b. INR 200 – 300 Crore: 3 marks<br>c. More than Rs. 300 Crore: 4 Marks | We request you to modify the clause as;<br>a. Minimum INR 150 Crore: 2 marks<br>b. INR 150 – 200 Crore: 3 marks<br>c. More than Rs. 200 Crore: 4 Marks | | As per RFP |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
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| 41 9 | 11. Technical Evaluation Criteria, Page 81 | 2. Bidder's Experience | | We understand that the Bidder can showcase global credentials of working with Government. Please suggest if our understanding is correct. | | As per RFP |
| 42 0 | 11. Technical Evaluation Criteria, Page 81 | 2. Bidder's Experience | The bidder or consortium members have experience in ongoing or completed projects of total value in design, development, implementation of projects in IT Transformational project / ICT Components / E-Governance/ Digital Solution projects with any Government / State Government / PSUs in last five (5) years (from FY 2016-21). | We request you to accept PMU/PMC/Consulting projects in addition to implementation projects | | As per RFP |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
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| 42 1 | 11. Technical Evaluation Criteria, Page 81 | 3. Bidder's Experience | The bidder or consortium members have experience in Government Advisory cum Supervision & Monitoring related engagement involving mobilization of minimum of 100 team members on ground and providing state-wide implementation support in Infrastructure / Development sector projects in any Government / State Government / PSUs in last five years (from FY 2016-21) | Please suggest on whether the 100 team members should belong to Bidder's team alone or members from Government authority working on the project can also be included.  Also, request you to reduce the size from 100 to 20 team members. | | Please refer corrigendum |
| 42 2 | 13.4. Performance Bank Guarantee & Additional Bank Guarantee, Page 89 | 13.4.1 | On award of contract – Additional Bank Guarantee (ABG) - 7% of the Total Contract Value | As per GoI directives, the government has put a cap on PBG to 3%. Hence, we request you to withdraw the requirement of Additional BG. | | As per RFP |
| 42 3 | 17. Details of SLA, Page 116 | 17. Details of SLA | | We understand that the breach of SLA shall only be considered for the reasons solely attributable to the Bidder. Please confirm! | | Yes |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
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| 424 | Annexure-V: Format for Submitting Profiles of Key Resources, Page 126 | Annexure-V: Format for Submitting Profiles of Key Resources | | There is no mentioned on type of resources required to implement the project. Please suggest if Bidder needs to assess the profiles and share CVs. | | MSP to propose best possible resources for the project |
| 425 | Section 3.1.1. , Page 23- 24 | Registration Management | The patient registration module is an integral part of the HIMS system, which captures complete and vital patient information | Are there any Government ID such as Aadhar No./Voter ID/ Drivers License etc. that would need to be captures as part of Patient Registration?<br><br>If yes, would there be integration with any of the related system for validation | | MSP is expected to capture necessary Governmet IDs during patient registration. These can be integrated to various systems upon availability of APIs. |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
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| 426 | Section 3.2.4. , Page 32 | Supply chain management | Integration with all the Front Line Worker applications and development and implementation of any other application as required by the client | How many different existing Front Line Worker applications are currenlty in use . Kindly share the list<br><br>What would be the existing Database type and Data Volume and is any data migration considered within the RFP scope | | MSP would be required to initially integrate with existing applications and simaltaneously develop the FLW application with all the requierd features. |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
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| 42 7 | Section 3.5. , Page 33 | Integrations | The proposed solution needs to integrate with existing state applications and solution to track and monitor beneficiaries under other program. Integration with other State-based health programs is also envisaged and should be taken up by MSP | How many different existing types of state applications, State-based health programs and solution are currenlty in use . Kindly share the listWhat would be the existing Database type and Data VolumeExisting and To-Be process Flows for the applicationsHow will the systems be accessed from Cloud? E.g. VPN TunnelWe also need specific definition of Querying? e.g.DB access or API access | | Please refer corrigendum |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
|---|---|---|---|---|---|---|
| 428 | Section 4., Page 40 | Schedule of Services | Data migration from existing (legacy) applications to the proposed (new) applications. | Kindly confirm details about overall landscape details to be migrated to new CSP with storage size, OS, DB, security, deployed cloud architecture for reference, BoM if possible for planning migration strategy. Also please share the current DB version and edition and storage size.<br><br>The following details also need to be addresed<br><br>Need clarity on who will be responsible for the structuring of Data format.<br><br>Will there be availability of SMEs for all the details being fetched?<br><br>How long this process is expected to be enabled?<br><br>Under whose purview is the Data cleansing responsibility so as to ensure the capture and rectification of Corrupt data | Migration planning | Please refer corrigendum |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
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| 429 | Section 3.9., Page 33 | Centralized IT Helpdesk / Incident Management | A centralized IT Helpdesk is required to be set up as part of the scope | Does the RFP scope include on the provisioning of a IT system for Incident Management or does italso include the deployment of IT helpdesk resources as well? | | MSP to propose best solution to achieve desired outcomes.The helpdesk resources are required to operate for AMC support and L1,L2,L3 support. Bidder may propose the resource requirement in their technical bid for 3 yars of the O&M contract.MSP/Bidder may consider 24x7 and 3 shifts |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
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| 430 | Section 4., Page 41 | Schedule of Services | Operations and Maintenance (AMC) of application. ATS from OEM should be made available till the expiry of the project. | We would like to understand if the AMC scope includes all L1, L2 & L3 support?<br><br>If L1 support is included we would require the following clarification<br><br>- No. of Helpdesk resources required<br>- Will the facility & infrastructure of the helpdesk center be provides by BMSICL<br>- What will be the actual operational time of IT Helpdesk? (e.g. 24/7, shifts etc.)<br>- Any information on the roles and responsibilities/ activities/scope of work for IT helpdesk resources? | | MSP to propose best solution to achieve desired outcomes.<br><br>The helpdesk resources are required to operate for AMC support and L1,L2,L3 support. Bidder may propose the resource requirement in their technical bid for 3 yars of the O&M contract.<br><br>MSP/Bidder may consider 24x7 and 3 shifts |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
|---|---|---|---|---|---|---|
| 43 1 | Section 8.5., Page No. 60 | Infrastructure specifications and requirements | Integrated Digital Health Solution shall be deployed on MeitY empanelled infrastructure environment to be provided by MSP. MSP needs to provide the complete end to end solution stack for the same. MSP's proposal should cover every component to be used in the ecosystem and provide details (BOM) for each component considering growth-rate of average 20% year-on-year for next 5 years.MSP should adhere and follow all the policies and guidelines defined for MeitY empanelled cloud infrastructure | We understand that the provisioning MeitY empaneled Cloud Service infra includes both Data Center (DC) andDisaster Recovery (DR) facility. Kindly confirm. Also, What is the expected concurrency on HIMS system and Citizen portal respectively ? | | Proposed solution should focus on on-demand scalability. |
| 43 2 | | | | Though not mentioned in the RFP, we would like to know what is the plan of BMSICL on the hospitals who have already installed or invested in an HIS. | | Query not relevant |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
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| 43 3 | | | | Is the expectaiton to create a standard clincial system which replaces the existing HIS in all hospitals / locations? Kindly clarify . The reason for this query is that we understand that some of the hospitals in the Government have already implemented HIS in their Hospital.  Will this New HIS project replace these existing HIS or will there be any integration activity. Wanted to have some clarity on the same. | | The RFP is to propose one HIMS solution across all healthcare institutions |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
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| 434 | Section 11, Point 2 & 3, Page 81, 82 | Technical Evaluation Criteria, Bidder experience | The bidder or consortium members have experience in ongoing or completed projects of total value in design, development,implementation of projects in IT Transformational project / ICT Components / EGovernance/ Digital Solution projects with any Government / State Government / PSUs in last five (5) years (from FY 2016-21). The bidder or consortium members have experience in Government Advisory cumSupervision & Monitoring related engagement involving mobilization of minimum of 100 team members on ground and providing state-wide implementation support in Infrastructure / Development sector projects in any Government / State Government / PSUs in last five years (from FY 2016-21) | We would like to understand whether the Bidder experience required has to be Specifically in India, or we can quote International experienmce as well ? (as the clause does not specifically mention India) | | Please refer corrigendum |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
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| 435 | Section 10, Point 2, page 78 | Pre-Qualification Criteria,Total Turnover | Certificate issued by Statutory Auditor/CA for Turnover with Unique Document Identifier Number (UDIN). (Please refer Annexure – I) | Request the deaprtment to kindly consider the following amendment :<br><br>Certificate issued by Statutory Auditor/CA/Company Secretary for Turnover with Unique Document Identifier Number (UDIN). (Please refer Annexure – I) | | Please refer corrigendum |
| 436 | Section 10, Point 3, page 78 | Pre-Qualification Criteria, Net Worth | Certificate issued by Statutory Auditor/CA for Turnover with Unique Document Identifier Number (UDIN). (Please refer Annexure – I) | Request the deaprtment to kindly consider the following amendment :<br><br>Certificate issued by Statutory Auditor/CA/Company Secretary for Turnover with Unique Document Identifier Number (UDIN). (Please refer Annexure – I) | | Please refer corrigendum |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
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| 43 7 | Section 11, Point 1, page 81 | Technical Evaluation Criteria, Financial Capability | Certificate issued by Statutory Auditor/CA for Turnover with Unique Document Identifier Number (UDIN). (Please refer Annexure – I) | Request the deaprtment to kindly consider the following amendment : Certificate issued by Statutory Auditor/CA/Company Secretary for Turnover with Unique Document Identifier Number (UDIN). (Please refer Annexure – I) | | Please refer corrigendum |
| 43 8 | Section 11, Point 2, page 81 | Technical Evaluation Criteria, Bidder's Experience: | A certificate from the Statutory Auditor/CA of the Bidder stating the project details vis a vis the criteria stated in the RFP stating value of the Project.

(Please refer Annexure – II & IV) | Request the deaprtment to kindly consider the following amendment :

A certificate from the Statutory Auditor/CA/Company Secretary of the Bidder stating the project details vis a vis the criteria stated in the RFP stating value of the Project.

(Please refer Annexure – II & IV) | | Please refer corrigendum |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
|---|---|---|---|---|---|---|
| 43 9 | Section 11, Point 3, Page 82 | Technical Evaluation Criteria, Bidder experience | The bidder or consortium members have experience in Government Advisory cum Supervision & Monitoring related engagement involving mobilization of minimum of 100 team members on ground and providing state-wide implementation support in Infrastructure / Development sector projects in any Government / State Government / PSUs in last five years (from FY 2016-21)I. If project cost is more than INR 200 Cr. (maximum up to 03 projects) – Max. 03 Mark II. Additional 01 marks if the project is executed in health domain sector involving deployment of more than 200 personals at the State/Dist./Block level for the any organization of central or State or PSUsIII. Additional 01 mark if the project is executed in State of Bihar | Request the deaprtment to kindly consider the following amendment :The bidder or consortium members have experience in Government Advisory cum Supervision & Monitoring related engagement involving mobilization of minimum of 100 team members on ground and providing state-wide implementation support in Infrastructure / Development sector projects in any Government / State Government / PSUs in last five years (from FY 2016-21)I. If project cost is more than INR 100 Cr. (maximum up to 03 projects) – Max. 03 Mark II. Additional 01 mark if the project cost is more than INR 150 CrIII. Additional 01 mark if the project is executed in India | | Please refer corrigendum |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
|---|---|---|---|---|---|---|
| 440 | Section 11, Point 3, Page 82 | Technical Evaluation Criteria, Bidder experience | A certificate from the Statutory Auditor/CA of the Bidder stating the project details vis a vis the criteria stated in the RFP stating value of the Project. | Request the deaprtment to kindly consider the following amendment : A certificate from the Statutory Auditor/CA/Company Secretary of the Bidder stating the project details vis a vis the criteria stated in the RFP stating value of the Project. | | Please refer corrigendum |
| 441 | 22 | 3 | Smart Mobile App for Citizen and Health Workers | Platform | Please confirm if the Mobile App will be required on Android or iOS or Both | MSP to propose best practices to achieve desired outcomes (both Android and iOS) |
| 442 | 40 | 4.g | Data migration from existing (legacy) applications to the proposed (new) applications | Existing Application Technology Stack | Request you to kindly provide the details of Technology Stack currently being used for existing Application | Please refer corrigendum |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
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| 443 | 82 | 3 | The bidder or consortium members have experience in Government Advisory cum Supervision & Monitoring related engagement involving mobilization of minimum of 100 team members on ground and providing state-wide implementation support in Infrastructure / Development sector projects in any Government / State Government / PSUs in last five years (from FY 2016-21) | System Integration (Application Development) and PMU (Monitoring) are two different business areas and have conflict of interest, as in most of the government projects, SI deliver the project and PMU monitor the same for any deviation. So having this criteria as TQ clause, will push SIs/Bidder to do consortium with Consulting Organization i.e. EY, KPMG, PWC etc. | Elaborating the facts, we request you to kindly modify the same as:The bidder or consortium members have experience in eGovernance implementation/Government Advisory cum Supervision & Monitoring related engagement involving mobilization of minimum of 100 team members on ground and providing state-wide implementation support/Delivery of government services in Infrastructure / Development sector/eGovernance Delivery projects in any Government / State Government / PSUs in last five years (from FY 2016-21) on end to end basis or on BOOT model | Please refer corrigendum |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
|---|---|---|---|---|---|---|
| 44 4 | 10 | 3 | Tender Schedule | Last date and time of submission of online bids: 28th February 2022 by 18:00 Hrs. | We request at least 21 days from the date of corrigendum/clarification response. As this is the large project and has dependencies on multiple technology provider i.e. CSP, Analytics etc. So time given for proposal preparation will help in designing adequate solution. | As per RFP |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
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| 44 5 | 8.4, 59 | Data Lake and Big Data Analytics | Figure 10 Data Lake | In the diagram, various data sources are mentioned. Request you to share the volumetrics of the source data in order to size the data lake. Please share the details as per below 1) Total Data Volume - For one time data migration2) Incremental Data Growth - To migrate Incremental Data on daily basis3) Ratio of Structured and Unstructured Data | | That would be the part of SRS.The proposed solution should focus on on-demand scalability.There no data for structured and unstructured data. MSP can calculate it based on number of Hospitals, Health facilities, number of foot fall with more than 30,000 concurrent users |
| 44 6 | 8.4, 59 | Data Lake and Big Data Analytics | Figure 10 Data Lake | Post ETL & Analytics, data will be published to various stakeholders as a end result. Request you to share the expected number of users and Concurreny Expected to design the solution. | | Please refer to query response 445 |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
|---|---|---|---|---|---|---|
| 44 7 | 8.4, 59 | Data Lake and Big Data Analytics | Provide full metadata | Please share the expectations from Metadata. Which metadata are we referring to - Is it Data Lineage (Data Life Cycle) or MetaData Generation from Source Data after performing ETL? | | Please refer to Metadata standards (Health) used for ABDM. The proposed solution should focus on on-demand scalability |
| 44 8 | 8.4, 59 | Data Lake and Big Data Analytics | Figure 10 Data Lake | Is Separate COTS based ETL part of the requirement? Most of the Data Lake Vendors do not have a full fledged in-built ETL. A separate ETL stack would be required to have a GUI workflow in order to schedule/monitor jobs, generate alerts and managing Data Life Cycle. | | MSP to propose best practices to achieve desired outcomes. |

| # | Clause No, Page No. | Clause Reference | Original clause as in RFP document | Points on which Clarification required | Reason for amendment (if any) | Response / Comments |
|---|---|---|---|---|---|---|
| 449 | 8.4.1, 60 | Health Analytics & Advisory | Advisory & Policy Advocation | For better Targeted Actions and Devising Actionable Insights, it is advised to posotion a Data Mining tool for Data Anlysis to be leveraged by Data Scientists and Data Analytics Expert. Please confirm if COTS based Data Mining tool is part of the requirement? | | MSP to propose best practices to achieve desired outcomes. |