

**“Comprehensive Evaluation of State Health Insurance Scheme in Meghalaya, ie, Megha Health Insurance Scheme (MHIS)”**

Responses to the Pre-proposal and written queries raised by Consultancy Firms as on 19<sup>th</sup> February, 2021

Date of Pre- Proposal Conference via Zoom: February 19, 2021; 1500 Hrs.

**Attended by:**

- 1) Kmenbhalang Khongwir, TTL, MHSSP.
- 2) Sonata Dkhar - State Manager, MHIS.
- 3) Dr Seralin Synrem - Medical Officer, MHIS
- 4) Alda Passi - Grievance Manager, MHIS
- 5) Bryan Don – Procurement Officer, MHSSP
- 6) Mamta Rai, Manager – Procurement, MHSSP.

Sr. No.	Clause No. & Page No.	Original Clause in RFP	Change Requested/Clarification required	MHSSP Response
1.	Page No: 33 21.1. Part A: Mandatory criteria S.No.1	The firm should be a legally registered firm having at least 10 years’ experience in providing management and technical support in the health sector	Will the experience of the main organization get counted for the subsidiary entity of the same organization? For Ex. We have a not-for-profit entity which is working for more than 15 years under the health care sector and a for profit subsidiary entity which is 4-year-old. If we apply through the subsidiary organization, will the organization qualify?	<ol style="list-style-type: none"> <li>1. Kindly refer to GCC Clause 6 (C) about the eligibility.</li> <li>2. Kindly refer to Section 2, E, 21.1 (Notes to consultant) - In case of Joint Venture, each partner should meet at least 25% (and the lead partner at least 50%) out of the qualifying limit in case of experience of particular consultancy and financial turnover</li> </ol>

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				3. Kindly ensure that the subsidiary firm meets all the criteria mentioned in the clauses to qualify.
2.	Page No: 34 Part B: Evaluation criteria Sl. A	Experience of completing at least two (2) projects of similar nature, each having contract value not less than INR 1 crore executed in last five (5) years.	<p>The point stating similar nature in the above sentence is understood as “evaluation of similar insurance program”. as per industry record no state/ minimal states has finalized a tender for evaluation with more than or equal to 1 Crore. Hence we request to reduce this contract value to lesser amount and also allow to include ongoing projects too for evaluation.</p> <p>B. Request to allow even Donor sponsored projects too for evaluation of 1 crore project since a lot of research activities are supported by Donor organizations in Govt. sponsored health insurance programs.</p>	<p>1) Similar Nature would include evaluation of Government Scheme and additional weightage will be considered for experience specific to evaluating insurance programs. 2) Please refer to the addendum for the value of the contract. No change other than that.</p> <p>B. All firms/agencies meeting the qualification criteria will be eligible to participate in the RFP.</p>
3.	General	General	Since multiple proposals have been released by the national health mission Meghalaya can we apply for more than one tender?	Yes. Every RFP is independent of each other

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4.	General	General	Since the tender needs to be submitted in the form of hard copy with complete documentation along with human resource details , we request to extend the submission date from march 2 <sup>nd</sup> to at least 15 days from the date of clarifications given on Prebid queries.	<b>PLEASE REFER TO THE ADDENDUM</b>
5.	Page 33 21.1. Part A : Mandatory criteria S.No.2	The firm must have a minimum of 5 years of continuous experience of providing management and technical support to government-sponsored health insurance schemes to Government of India or the one or more state governments	To change/revise the experience to minimum of 2 years (instead of 5).	<b>PLEASE REFER TO THE ADDENDUM</b>
6.	Page 33 21.1. Part A: Mandatory criteria S.No.3	The firm should have an average annual turnover of at least INR 50 lakh in the last three financial years	To revise the annual turnover limit to say 50 crores (instead of 50 lakhs)	No Change.
7.	Page 32 17.7 and 17.9	The Proposals must be submitted no later than: Date: 2nd March, 2021 Time: 1500 Hrs	We request for the extension of timeline of submission by at least 2 weeks or more from the date of issue of pre-bid clarifications/addendum(from the existing 2nd March 2021).	<b>PLEASE REFER TO THE ADDENDUM</b>

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8.	<p>Page 69 Section 7 Terms of Reference 3. Scope of services, tasks and expected deliverables</p> <p>Institutional structure and capacity and financial management</p> <p>3.1.16</p>	<p>Evaluation on Utilization of funds generated through MHIS - how such funds have bridged the Healthcare Infrastructure gap in the state. Adherence of MHIS Financial Management to new guidelines of GoI and GoM such as the new Goods and Service Tax Laws, General Financial Rules, etc. To review existing utilization procedures of funds made from MHIS in Public Hospitals and the supply of medical equipment, medicines &amp; drugs, construction works etc from the Directorate of Health Services &amp; NHM, and to identify a system of integration between the different branches of the health department so as to avoid misutilization of funds</p>	<p>To delete/amend the clause suitably as all expenditure done would be difficult to determine towards adherence and review existing utilization procedures of funds made from MHIS in Public Hospitals and the supply of medical equipment, medicines &amp; drugs, construction works etc.</p> <p>“Adherence of MHIS Financial Management to new guidelines of GoI and GoM such as the new Goods and Service Tax Laws, General Financial Rules, etc. To review existing utilization procedures of funds made from MHIS in Public Hospitals and the supply of medical equipment, medicines &amp; drugs, construction works etc from the Directorate of Health Services &amp; NHM”</p>	<p>Evaluation and Recommendation on the Financial Management is vital for the overall evaluation of the scheme. The Evaluation is to be done only of funds that are received by government hospitals as reimbursement of claims under the MHIS and their utilization. Utilization assessment would focus on but may not be limited to expenditure patterns, types of expenditure, expenditure processes, adequacy of internal checks and balances, compliance to state guidelines related to utilization of such funds and statutory compliances.</p>

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		and resources of the Government.		
9.	3.1.18	Evaluation and Impact of the incentive model introduced in Public Hospitals; impact on the staff attitude and behaviour etc.	To delete/amend the clause suitably “impact on the staff attitude and behavior etc.” since it is difficult to determine the same retrospectively.	The provision is clear. The evaluation needs to assess if the incentive structure has had any impact on staff attitude and behavior towards the scheme. No change will be made to this clause.
10.	3.1.19	Evaluate on the flow of patients in private hospitals since the existence of the Scheme. To what extent has the Scheme brought about behavior change among the public and has the Scheme increased the access to quality health care	To delete/amend the clause suitably since it is difficult to determine the behaviour change, access to quality healthcare retrospectively.	The Evaluation Study expects to cover all aspects of the scheme to better understand the impact. No change will be made to this clause
11.	3.1.22	Financial review of schemes, financial implications of convergence, financial modelling, cash flow projections	To delete/amend the clause suitably especially for cash flow projections	The Clause is clear. Cash flow projections are needed to estimate the growth in utilization and therefore the projected claims revenue outflow for the state and administrative expenses, as well as inflow of resources based on government receipts and receipts from other sources, if any. No change will be made to this clause.

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12.	3.1.24	Financial projections for the State Nodal Agency administering the two schemes, including fund flow statements, projected receipt and expenditure statements, and sustainability plan.	Please elaborate on sustainability plan.	Sustainability refers to financial sustainability of the State Nodal Agency vis-à-vis its administration of MHIS (and convergent schemes).
13.	Page 70 Section 7 Terms of Reference  3. Scope of services, tasks and expected deliverables  3.2.2	Develop all operational guidelines and manuals - by reviewing and adapting the existing PM-JAY national guidelines and aligning the systems and processes across the schemes, while ensuring that the policy framework and national guidelines for PM-JAY are not diluted in any manner whatsoever	Please specify operational guidelines and manuals “Develop all operational guidelines and manuals”	Currently the scheme has its own guidelines which are in line with PMJAY guidelines. Post Evaluation of the scheme operations firms are expected to come up with suggestions and recommendation that should/could be developed (either as improvements to existing guidelines or new operational guidelines). These guidelines can include Utilization Guidelines, Claims Revenue Guidelines for Public Hospitals, Monitoring and Control Guidelines, audit guidelines, beneficiary identification guidelines, contract management SOP and others.

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14.	3.2.4	To help create a concrete and accurate database under the Scheme. This will also ensure that there will be no duplicate data. Reviewing on the need to have a near to accurate data set and removal of duplicate data, will also play a major role in the improvement and increase of Registration percentage in the State	What are the current datasets available? Is there a unique identifier available in different datasets to ensure that there is no duplicate data.	There are two data sets available currently i.e. SECC Household category and MHIS household. In MHIS database URN (Unique Registration Number) and in SECC database HHID (Household ID) are the unique identifiers available.
15.	3.2.5	To ensure operational efficiency of the concerned department	Please delete/amend the clause suitably as operational efficiency of concerned department is an external factor beyond our control.	To further clarify on the point, operational efficiency refers to business process/implementation reengineering within the State Nodal Agency to optimize its productivity. Bidders will be expected to make recommendations to further improve the operations of the State Nodal Agency
16.	3.2.6	To understand how the scheme has contributed towards the upgradation and promotion of public health facilities, how it has been able to address various health	Please delete/amend the clause suitably as it would be difficult to determine how much it has improved the quality of care and service to its beneficiaries. How would the department evaluate whether funds are used in the most desired manner, or new guidelines can	Through MHIS funds generated, public hospitals were able to purchase medical and non-medical equipment's on their own and not to totally depend on the State Government, which has led to improvement of their service to the beneficiaries. The department can evaluate whether funds had been utilized in a desired way through records maintained by the Hospital taking into account

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		issues and how much it has improved the quality of care and service to its beneficiaries. Thereby also promoting the use of services in public facilities. This will also make the department understand if such funds are used in the most desired manner, perhaps new guidelines can be developed on how funds should be utilized	be developed on how funds should be utilized	the State Govt. supply of medicines, equipment's etc. And new guidelines should be developed taking into account the integration between MHIS fund and the Health Department fund of the State in terms of unified procurement and supply to hospitals so as to avoid any wastage of resource and misutilization of funds.
17.	3.2.7	To put a check on the utilization of MHIS funds in public facilities	Please delete/amend the clause suitably as utilization of funds in public facilities is an external factor beyond our control	Please refer to SI No 8 of this document
18.	3.2.8	To understand how MHIS has brought about change in behavior and attitude among staff in public health facilities	Please delete/amend the clause suitably as it would be difficult to determine change in behavior and attitude among staff in public health facilities retrospectively	Please refer to SI No 9 of this document



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19.	3.2.9	Outcome on the analysis of Medical documentation and Medical Audits	Will medical documents of all claims be provided to us. What would be the approximate number of claims for medical documentation and medical audit outcome	To clarify on the Clause; it pertains to the content analysis of existing medical documents and audit reports conducted in the past years. The existing Medical Audit formats may be evaluated.
20.	3.2.10	To better understand the effectiveness and efficiency of the grievance mechanism in MHIS and PMJAY and suitable suggestions to improve the grievance mechanism of the Scheme. Suggestion and recommendation on how to involve all stakeholders to participate in the scheme. Manual and proper SOP for redressal of grievances. Strengthening the grievance redressal committees at the State and District	Please delete/amend the clause suitably as it would be difficult towards strengthening the grievance redressal committees at the State and District, being an external factor beyond our control	Analysis on the types of grievance received in MHIS through various methods available. Suggestions and recommendations on how to improve the existing grievance mechanism followed, will be expected from the firms.
21.	3.2.11	Awareness strategy to increase, demand and reach of the scheme	Please provide the current and the past strategy for the same.	IEC strategies adopted previously include various mass media activities which includes Newspaper adverts, TV and Radio broadcast, Social media, street plays, IEC

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				Vans and public announcement, community awareness programs, trainings & workshops amongst others.  The detailed IEC strategies adopted in the past can be shared upon selection of the Bidder
22.	3.2.12	To be able to adopt a holistic approach towards health care. To promote the need for early detection and prevention of diseases	Please provide the current and the past strategy for the same	This clause is no longer applicable in the Terms of Reference.  <b>PLEASE REFER TO THE ADDENDUM</b>
23.	Page No: 33 21.1. Part A: Mandatory criteria S.No.1	The firm should be a legally registered firm having at least 10 years' experience in providing management and technical support in the health sector	Are you referring to insurance/TPA agencies	This clause does not refer to a TPA/Insurance Agency. It refers to the Bidders experience.
24.	Page No: 34 Part B: Evaluation criteria Sl. A	Experience of completing at least two (2) projects of similar nature, each having contract value not less than INR 1 crore executed in last five (5) years	ARE THE ON_GOING PRJECTS TO BE INCLUDED AS EVALUATION PARAMETRES	No. Only completed projects.  <b>PLEASE REFER TO THE ADDENDUM</b>

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25.	Page No: 34  Part B: Evaluation criteria Sl. C, c	Key Experts' qualifications and competence for the Assignment:  Relevant experience in the northeast region (working level fluency in local language(s)/knowledge of local culture or administrative system, government organization, etc.):15%	Can the relevant experience in NE states be relaxed	<b>PLEASE REFER TO THE ADDENDUM</b>
26.	Page No: 32  Section 2. Instructions to Consultants: E Data Sheet, Point 17.7 and 17.9	The Proposals must be submitted no later than:  Date: 2 <sup>nd</sup> March, 2021  Time: 1500 Hrs	3. Can the submission date of Proposal be extended beyond 2 <sup>nd</sup> March? PLEASE SUGGEST	<b>PLEASE REFER TO THE ADDENDUM</b>
27.	General	General	Whether On-line Submission of Proposals are permissible. PLEASE SUGGEST	No

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28.	Page No:32  Section 2. Instructions to Consultants: E Data Sheet, Point 17.7 and 17.9	The Proposals must be submitted no later than:  Date: 2 <sup>nd</sup> March, 2021  Time: 1500 Hrs	Request you to Please allow us 15 working day extension to prepare a competitive bid and also buffer for the transit time required for the hard copy submission	<b>PLEASE REFER TO THE ADDENDUM</b>
29.	Page No: 33 Section 2. Instructions to Consultants: E Data Sheet, Point 21.1 Part A Mandatory Criteria	The firm must have a minimum of 5 years of continuous experience of providing management and technical support to government-sponsored health insurance schemes to Government of India or the one or more state governments	We request the authority to revise this criterion as follows:  The firm must have a at least one project either completed or ongoing on providing management and technical support to government-sponsored health insurance schemes to Government of India or the one or more state governments in the last 5 years	<b>PLEASE REFER TO THE ADDENDUM</b>
30.	Page No: 34  Section2 . Instruction to Consultants: E Data Sheet Point No. 21.1 Part B: Evaluation Criteria-Point A	Experience of completing at least two (2) projects of similar nature, each having contract value not less than INR 1 crore executed in last five (5) years.	We request the authority to revise this criterion as follows:  Experience of completing at least two (2) projects of similar nature, each having contract value not less than INR 1 crore executed in last five (5) years Or in case of ongoing projects, having collected a t least INR 1 crore in the last five (5) years as professional fee excl GST in last 5 years	<b>PLEASE REFER TO THE ADDENDUM</b>

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			Also please suggest if the bidders can show international experience also to qualify under this criteria?	Yes
31.	Page No: 68  Section 7. Terms of Reference: Comprehensive evaluation of MHIS	Reference – Objective(s) of the Assignment, Point 2	Request the client to suggest any preferred division between home and field effort of the key experts	This should be proposed by the Bidders. Manpower at the field is highly recommended to understand the ground reality.
32.	Page No: 68  Section 7. Terms of Reference: Comprehensive evaluation of MHIS	Reference - Scope of Services, Tasks (Components) and Expected Deliverables, Point 3.1 (3.1.4)  3.1.1 Review issues related to parallel beneficiary databases of the two schemes (State Insurance scheme and Central health Scheme) and explore options for developing state scheme own beneficiary database.	Please confirm if the client will provide the access to the historical & current real-time database for the review or a sample data structure will be provided, to understand and explore the state-owned beneficiary database options.	Yes, such database required will be provided.

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33.	Page No: 68  Section 7. Terms of Reference: Comprehensive evaluation of MHIS	Reference - Scope of Services, Tasks (Components) and Expected Deliverables, Point 3.1 (3.1.14, 3.1.15, 3.1.19)	We request the authority to clarify below mentioned questions: 1. Will the consultant be provided with the pre & post MHIS data ? Please clarify if the mode of data sharing is Online, or Paper based, and will data be segregated between Public and Private sector.	The successful bidder will be provided access to the different data that is available with the State Nodal Agency MHIS. Some data will have remote access and can be shared Online, other information will be paper based or as per field work.  Segregation of data is available for Public and Private Health Facilities
34.	Page No: 73  Section 7. Terms of Reference: Comprehensive evaluation of MHIS	Reference – Mandatory Requirements	We request the client to explain the process of registration with the Autonomous District Council of Meghalaya and how does this registration be helpful to the bidders.	This is only applicable for the shortlisted consultancy firm. Before initiating the assignment, the firm needs to register themselves with the District Council by paying a nominal fee. The client will provide necessary documents to expedite the process.
35.	Page No: 32  Section 2: E. Data Sheet C. Submission Opening and Evaluation 17.7 and 17.9	<b>The Proposals must be submitted no later than: Date: 2<sup>nd</sup> March, 2021 Time: 1500 Hrs</b>	We are very interested in this opportunity and possess the required expertise and experience for executing large scale projects of similar nature and therefore we wish to submit our Bid. However, due to the specific requirement of key personnel for implementing this project we require some time therefore, we would request you to consider for an extension of the deadline by 14 days to 16th March 2021 (till 1300 Hours). This will allow us to provide the necessary documentation and submit a strong competitive bid.	<b>PLEASE REFER TO THE ADDENDUM</b>

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36.	Page No: 35 Section 2: E. Data Sheet C. Submission Opening and Evaluation 21.1 Part B: Evaluation Criteria	Relevant experience in the northeast region (working level fluency in local language(s) / knowledge of local culture or administrative system, government organization, etc.): 15%	The requirement is very limiting therefore, request you to kindly reconsider and omit the current requirement and evaluation score associated to the requirement	<b>PLEASE REFER TO THE ADDENDUM</b>
37.	Page No: 47 Form Tech 6 (FTP)	Full Time Input Part Time Input	Request clarification on the deployment of the key personnel. From the RFP we understand that there will be minimal onsite requirement of key personnel (except on some occasions visits during field work) and therefore no physical deployment of key personnel required. Kindly confirm as this will help us apportion the cost and identify the key personnel according to the location.	As per the requirement in the Terms of Reference, the Key-Experts are expected to be stationed in Shillong for approx. 6 months (including field visits in all districts) which is only the estimation provided by the project.  The Firm can accordingly propose their availability of each of the key or non-key experts for the duration of the assignment.
38.	Page No: 34  Section 2: E. Data Sheet C. Submission Opening and Evaluation 21.1 Part A: Evaluation Criteria Point A	Experience of completing at least two (2) projects of similar nature, each having contract value not less than INR 1 crore executed in last five (5) years	Request you to kindly reconsider and relax the requirement of complete project to ongoing or complete project.	<b>PLEASE REFER TO THE ADDENDUM</b>

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39.	Page No: 35  Section 2: E. Data Sheet C. Submission Opening and Evaluation 21.1 Part B: Evaluation Criteria	a. General qualifications (general education, training, and experience): 20%  b. Adequacy for the Assignment (relevant education, training, experience in the sector/similar assignments): 65%	Request clarification over the two points and how one is different from the other. The ambiguity in the above two points may lead to unsubstantiated marking. Request to please quantify the requirement for both the points and allocate marks for each	(a)Point (a) will fetch 20% if the educational qualification of the Key Experts matches or supersedes the expectations mentioned against each experts in the ToR at Section 7 whereas  (b) Point (b) relates to the educational and professional background of the proposed key-experts by the firms relevant to the assignment.  <b>PLEASE REFER TO THE ADDENDUM</b>
40.	Page No: 30  Section 2: E. Data Sheet 11.1	Participation of Sub-consultants, Key Experts and Non-Key Experts in more than one Proposal is permissible: Yes.	If a consultant wins multiple projects out of the total 8 RFPs, this clause allows the consultants to have same key personnel work across multiple Meghalaya Health System Strengthening projects that consultant won. Please confirm.	Each proposal is independent of each other hence it is upon the discretion of the firm how they would like to propose their manpower for each proposal taking into consideration that all key-experts has to meet the required mandates mentioned in each of the proposal.
41.	Page 33 Section 2: Instructions to Consultants Part E: Data Sheet ITC Reference 21.1 Part A: Mandatory Criteria S. No. 2	The firm must have a minimum of 5 years of continuous experience of providing management and technical support to government-sponsored health insurance schemes to Government of India	We submit that Health Insurance in India, even state level schemes, have been in place for not too long. Traditionally there has been limited scope for management or technical support for such schemes. So it would be difficult for any firm to have 5 years of total such experience, let alone continuous experience.	<b>PLEASE REFER TO THE ADDENDUM</b>



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		or the one or more state governments	We request you to kindly relax this to 2 years of support.	
42.	Page 34 Section 2: Instructions to Consultants Part E: Data Sheet ITC Reference 21.1 Part B: Evaluation Criteria S. No. B	Specific experience of the Consultants (as a firm) relevant to the Assignment:  <i>Experience of completing at least two (2) projects of similar nature, each having contract value not less than INR 1 crore executed in last five (5) years.</i>	We submit that in Part A Mandatory Criteria S. No. 3 on page 33 it mentions that Firm should have Average Annual Turnover of at least INR 50 lakhs in past 3 years. So this is contradictory. Additionally evaluations, unless large national level ones, typically don't have the value you have specified.  We request that this criteria be relaxed to contract value of at least INR 50 lakhs.	<b>PLEASE REFER TO THE ADDENDUM</b>
43.	Page 70 Section 7: Terms of Reference Part 3: Scope of Services.... S. No. 3.1.24	Financial projections for the State Nodal Agency administering the two schemes, including fund flow statements, projected receipt and expenditure statements, and sustainability plan.	We submit that this is a separate large exercise in itself and may be excluded from the scope.	No Change

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44.	Page 70 Section 7: Terms of Reference Part 3: Scope of Services.... S. No. 3.2.4	To help create a concrete and accurate database under the Scheme. This will also ensure that there will be no duplicate data. Reviewing on the need to have a near to accurate data set and removal of duplicate data, will also play a major role in the improvement and increase of Registration percentage in the State.	Kindly confirm that this will not include creation of a HR MIS solution.	No. This is related only to State Beneficiary Database.
45.	Page 70 and 71 Section 7: Terms of Reference Part 3: Scope of Services... 3.2: Expected outcome/ Deliverable	3.2.5 To ensure operational efficiency of the concerned department.	We submit that these are beyond the powers of the consulting firm and not achievable in the time frame of the assignment.  We request that this be clarified to reflect that recommendations would be provided by the consulting firm for these areas.	No Change
46.		3.2.7 To put a check on the utilization of MHIS funds in public facilities.		No Change

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47.		3.2.9 Outcome on the analysis of Medical documentation and Medical Audits.		No Change
48.		3.2.12 To be able to adopt a holistic approach towards health care. To promote the need for early detection and prevention of diseases.		3.2.12- This clause is no longer applicable in the Terms of Reference.  <b>PLEASE REFER TO THE ADDENDUM</b>
49.	Page 32 Section 2: Instructions to Consultants Part E: Data Sheet ITC Reference 17.7 and 17.9 Part C: Submission, Opening and Evaluation	The Proposals must be submitted no later than: Date: 2 <sup>nd</sup> March, 2021 Time: 1500 Hrs	We request that the submission deadline may kindly be extended by 2 weeks to adequately address your response/ clarification to queries from all bidders.	<b>PLEASE REFER TO THE ADDENDUM</b>

Sd/-  
**Ram Kumar S, IAS**  
**Project Director, MHSSP**  
**Department of Health & Family Welfare, GoM**