



DIRECTORATE OF MEDICAL EDUCATION & TRAINING ODISHA

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No.6897//

Date: 09.06.2022

CORRIGENDUM TO RFP NO-6115 DT.13.05.2022

PROPOSAL ARE INVITED FROM ELIGIBLE BIDDER FOR SELECTION OF AGENCY FOR INTEGRATION OF AMBULANCE SERVICES (PUBLIC AND PRIVATE) FOR GOLDEN HOUR MANAGEMENT IN TRAUMA PATIENTS IN THE STATE.

Key Events	Existing Dates	Modified Dates
Last Date & Time for submission of Pre-bid queries before Pre-bid meeting.	23 th May 2022 till 3:30 PM	31.05.2022 till 5 PM
Last date for submission of complete proposal	Date- 06.06.2022 at 05:00PM Address, The Director, Medical Education & Training, Odisha, Heads of Department Building, Unit- V, Bhubaneswar, Dist- Khordha, (Proposal Shall be received through Speed Post/ Registered Post/ Courier)	Date- 20.06.2022 up to 05:00PM Address, The Director, Medical Education & Training, Odisha, Heads of Department Building, Unit- V, Bhubaneswar, Dist- Khordha, (Proposal Shall be received through Speed Post/ Registered Post/ Courier)
Date ,time and place of opening of Proposal & Presentation	a) Technical proposal (Part A & B) opening on 07.06.2022 at 03.00PM b) Date of Presentation & Financial Proposal (Part C) opening shall be communicated separately to the eligible bidders. c) The proposals shall be opened at Conference Hall, Directorate of Medical Education & Training, Odisha, Heads of Department Building, Unit- V, Bhubaneswar, Dist- Khordha	a) Technical proposal (Part A & B) opening on 21.06.2022 at 03.30PM b) Date of Presentation & Financial Proposal (Part C) opening shall be communicated separately to the eligible bidders. c) The proposals shall be opened at Conference Hall, Directorate of Medical Education & Training, Odisha, Heads of Department Building, Unit- V, Bhubaneswar, Dist- Khordha

Sd/-

Director Medical Education & Training, Odisha

Sl. No.	RFP Document (Clause and page Number)	Provision in the original RFP	Clarification Requested by different Bidders	Clarification / Amendments made by the TIC
1	Typical incident workflow point-b page-6 in RFP document.	In the event when 108 call centre is unable to send an ambulance within 10 minutes, the call will be transferred to the new call centre.	Transfer will be manual or automatic? Automatic call transfer is effective, as the existing 108 service provider has no mandate or incentive to transfer calls.	The successful bidder has to develop & implement a software to capture details & dispatch Ambulances from the trauma care call centre. The same software would draw data from 108 EDS application through API. The bidder to facilitate the API integration.
2	Eligibility Criteria Page-8 Clause no.1.1	The applicant can be a consortium, formed for the purpose with a valid MOU.	Kindly let us know as to the number of members of the consortium? We request you to allow maximum 3 members in a consortium with one member designated as the lead member. This practice has to be adopted by all states, including Odisha's 108 EMAS RFPs.	No change.
3	Eligibility Criteria Page-8 Clause no.1.2	Should have minimum 2 years experience as on the last date of bid submission	In the case of a consortium bidding, will the consortium bidder be allowed to satisfy the 2years experience criteria jointly? In the principle of a consortium bidding, this is allowed in other Indian states, for the 108/102 type ambulance tenders / RFPs, where the consortium bidder is evaluated, based on the combined strengths of the individual consortium members.	Either 1 party must have at least 2 years of experience
4	Eligibility Criteria Page-8 Clause no.1.3	Should have at least 1crores of average annual turn over, in completed Financial years, in similar line of activities.	In the case of a consortium bidding, will the consortium bidder be allowed to satisfy the above condition jointly? In all other state government tender of India, for 108 /102 type ambulance services, jointly meeting the criteria is allowed or any one member of the consortium is allowed to meet this	One member of the consortium need to have at least 1 Cr average turnover

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			financial criteria individually. This member of the consortium is designated as the "financial member" of the consortium.	
5	Evaluation Criteria Page-12 Clause no. 5.1.3 (iv)	Experience in handling call centre based health helpline services, with seat capacity	Call centre for health helpline (104 Type) has no relevance to call centre dedicated to emergency ambulance services or any ambulance services like 108/102 type services.Hence, Marking criteria should not include helpline services, as it favours one of two companies in India only. The previous clause (iii) anyway cover ambulance service based call centre, however, its marks as designated less, as compared to a helpline service. We request you to address this anomaly. It restricts a level playing filed.	As per RFP
6	Evaluation Criteria Page-12 Clause no. 5.1.3.4	Marks for net worth of the applicant	Networth of the bidder is a financial criteria, for capital intensive project (CAPEX based).In this project the capex is borne by Govt. and owned by Govt .Hence, inclusion of high networth has no correlation to this RFP Financials. Inclusion of working capital is, and this is, any way, covered separately, in the next clause.Additionally, when, for the pre qualifying criteria, only one crore of average turnover has been stipulated, the marking criteria of networth of 10 crores, 20 crores & 30 crores, appear contradictory.we request you to	As per RFP

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			stipulated Positive networth only, as was stipulated in your original 108 EMAS tenders consecutively.Hence, for marks and financial strength and evaluation purpose, annual turnover could be a more relevant criteria, in lieu of networth.	
7	Evaluation Criteria Page-13 Clause no. 5.1.5	In case of consortium applicant, scoring under "experience and financial strength" will be done separately for each member, and the final score could be based on their weightage average share holding.	In principle, in a case of consortium applicant, the consortium needs to be evaluation as a "single bidder" Viz., their experience and financial strength should be evaluated jointly/combined way.Evaluating their marking scores, individually, for each members defeats the very purpose of a consortium bidding modality. Additionally, this puts a Consortium bidder, under a basic disadvantage, as compared to a single bidder. This robs the RFP of a level playing field. We request you to consider the evaluation markings for a consortium bidder, based on their joint strengths. This modality is adopted by all other state govts. of India, for various ambulance service tenders.	As per RFP
28	Clause 7.1 Payment Reimbursement. Page 15	Payment based on per km basis only.	Payment needs to have a fixed component reimbursement, of the fixed cost of the control room, as was the amendment given, in the previous tender.	The bidder has to quote as per the Schedule of Rates as defined in Corrigendum Annexure A based on the manpower structure appended therewith. The agency will also undertake the setting up of the call centre based on minimum requirement to start the service. The augmentation can be done at a later stage considering the rise in call volume. The cost of CAPEX will be reimbursed by Govt.

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				on actuals post necessary inspection and approvals. The call centre will be used only for the use of call centre staff. Agency has to arrange for space for support functions at its own cost. As regards the reimbursement to the Ambulances, the rate card would be finalised by the successful bidder in consultation with TIC post implementation of the call centre.
9	Point-5 Terms of Reference Page 4	Odisha Govt. will be implementing the National Ambulance Code AIS-125, as per CMRV Act.	Kindly clarify if the non-108 ambulances that will be on boarded under this project, should be compliant with the AIS-125?	All cost & responsibility for complying with Ambulance code AIS 125 rests with the owner of the PVT Ambulance. The successful bidder to coordinate & ensure the same.
10	Page -6 Bullet point-2	The Service provider should have a Business Continuity plan (BCP)	Please help to clarify regarding BCP to setup Location. 1) Should the DR site for BCP be within the state or outside the state. 2) If outside state, how many kms away should be the DR site. 3) Kindly elaborate the detailed scope of BCP department is expecting? 4) Is it similar to Disaster recovery site only or fully functional 2nd line operation including Disaster recovery site. 5) How many seats should be reserved for BCP centre and How will the costing linked with the project for it?	The successful bidder to suggest & setup the DR site post approval from TIC. The same to be activated post successful roll out of the call centre.
11	Terms of Reference, (Background) Sl.No. 2Page No4	In addition, around 5400 ambulances functional in the state of Odisha which are operated by other organizations like NHAI, Hospitals, NGOs, private operators etc.	Type of ambulances with each organization may be mentioned with kms run by each ambulance, their insurance and statutory status may be mentioned	Details of private and otherPSU, Govt. organizations uploaded in corrigendum at Annexure-B & C (PVT.2986 NOS + GOVT. 2453) = 5439NOS

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12	State Govt Responsibilities 6.5.1, page no 14	1.Facilitate mapping of all ambulances across the state of Odisha 2. Facilitate mapping of Trauma centres and hospitals in the state of Odisha	Mapping of all ambulances may be kept ready and given at the earliest for planning of GPRS installation and integration	Facilities mapping all ambulances has been uploaded in corrigendum.
13	Scope of work, objectives point 14, page no 5	Rate of Reimbursement for private ambulances to be integrated will be decided by the successful bidder	As on today is the Govt hiring the private ambulances? If so the present rate of reimbursement with private ambulances may let be known for decision making for pricing	The rate card would be finalised by the successful bidder in consultation with TIC post implementation of the call centre.
14	List of private vehicles	2986 list of private ambulances	More than 50 years ambulances are available, please clarify the condition/Fitness certification of the vehicles	The no. of Ambulances to be on boarded will be as per the recommendations of a committee comprising of representatives of Government of Odisha from the departments of Transport, Health& Family Welfare, TIC & the successful bidder.
15	Clause 5.1.2	Technical Weightage minimum marks required:70/100	Medulance is a startup operating since 2017, we are running services for CATS (Delhi Govt.) via Public Private partnership to run 100 ambulances since 2+ years and have 7500+ ambulances in our network across India. The minimum eligibility for startups/MSME for 70 marks is high, requesting if it can be lowered	No change.
16	Clause 5.1.3 part-(ii)	Experience for number of ambulances	Experience for number of ambulances and call centre seats	No change. MMU not considered as Ambulance.
17	Clause 5.1.3	Technical Evaluation	Are there any advantages/relaxation/favor for Startups (Registered with Startup India)/MSME	No change.

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18	Scope of Work Page-4	Integration of Private Ambulance	Will we be provided with the data and number of ambulances along with the expected calls	Since this is a new setup, hence it is not possible to forecast the number of calls. The no. of Ambulances to be onboarded will be as per the recommendations of a committee comprising of representatives of Government of Odisha from the departments of Transport, Health & Family Welfare, TIC & the successful bidder.
19	Scope of Work Page-4	Call Centre	Minimum number of seats for the call center (if any)	Incorporated in corrigendum.
20	Page 6	Incident Response Workflow	Are there any penalties involved	Penalties to be incorporated during the finalisation of the SOP mutually agreeable to both successful bidder.
21	Rate per Kilometre for ALS and BLS	Rate Card	If the rate card can be finalized with slabs of kilometres as there is a minimum cost that is incurred for all the rides, above which a rate per kilometre can be applied.	The rate card would be finalised by the successful bidder in consultation with TIC post implementation of the call centre.
22	Page -6	H) Patient pickup time for critical patient shouldn't exceed more than 15 min .	This may be revised to 30 minutes	No change
23	Page no-15 (7.1)	Payment /Reimbursement - Payment shall be on fixed rate reimbursement .Payable on Quarterly basis.	It Should be monthly basis. Advance payment provision should be there 80% post submission of bills	No change
24	Scope of work, objectives page no 4	Dispatch of ambulances with ability to log calls with GIS based GPRS integrated vehicle monitoring system	Mapping of all ambulances may be kept ready and given at the earliest for planning of GPRS installation and integration	Ambulances to be on boarded will be as per the recommendations of a committee comprising of representatives of Government of Odisha from the departments of Transport, Health & Family Welfare, TIC & the successful bidder.
25	Scope of work, objectives point 14, page no 5	Rate of Reimbursement for private ambulances to be integrated will be decided by the successful bidder	As on today is the Govt hiring the private ambulances? If so the present rate of reimbursement with private ambulances may let be known for decision making for pricing	The rate card would be finalised by the successful bidder in consultation with TIC post implementation of the call centre.

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26	Period of engagement 6.3.1 page no 14	Period of engagement will be for 04 years. The initial engagement is for 1 year and further extended by govt	The initial engagement may be for 3 years and further may be extended as huge money, technology and manpower is engaged even for one year	No change
27	List of Govt Vehicles	2453 govt ambulances list is given	More than 50 years ambulances are available, please clarify the condition/Fitness certification of the vehicles	The no. of Ambulances to be on boarded will be as per the recommendations of a committee comprising of representatives of Government of Odisha from the departments of Transport, Health & Family Welfare, TIC & the successful bidder.

HR FORMAT		
Department	Designation	Suggested Number
Control Room	Call Centre Lead	1
	Team Leader	4
	Call Centre Dispatcher/Call tacker & Support desk	28
	Call Centre MIS	1
	Doctor	4
Total		38
Operation	Operations Lead	1
	Cluster Lead	10
	MIS Lead	1
	MIS Executive	5
Total		17
Quality	Manager	1
	Quality Call Centre Call Auditors	1
	Quality MIS	1
	Ambulance Auditors	5
	Customer Feedback Calling	1
Total		9
Account	Head Account	1
	Sr. Executive – Accounts	5
Total		6
HR	Asst Manager (Recruitment & Generalist)	1
	Sr. Executive	2
	Electrician	4
Total		7
IT	IT Lead	1
	Executive IT	4
	GPS & IT MIS	1
Total		6

Sd/-
Director Medical Education & Training, Odisha