

REPLY TO PRE-BID QUERIES **10-November-2016**
DOC APPOINTMENT OF A CENTRALISED HELPDESK FOR DELIVERING REMOTE HEALTH ADVISORY AND INTERVENTION (Doctor on Call – DoC)

S. No.	RFP Document Reference(s) (Section & Page Number(s))	Content of RFP requiring Clarification(s)	Points of clarification	Reason	CHI Response
1	Pre Qualification Criteria Page 18, Section 3.1.1	The Bidder/consortium partner should have: <input checked="" type="checkbox"/> An average annual turnover of not less than Rupees 240 Crore for last three financial years (i.e. 2016-2015, 2015-2014 & 2014-2013). <input checked="" type="checkbox"/> Out of the above turnover, a minimum of Rupees 50 Crore should be from call centre operations, for each of last three financial years (i.e. 2016-2015, 2015-2014 & 2014-2013).	To assess a firm's strength and organization size more thoroughly, we request you to modify the required documents as <input checked="" type="checkbox"/> Audited financial statements (reflecting overall turnover)/ annual report containing financial statement for the last three financial years <input checked="" type="checkbox"/> A certificate duly certified by the statutory auditor/ca of the bidder clearly mentioning the average annual turnover of the bidder in total".		as per RFP
2	Pre Qualification Criteria Page 19, Section 3.1.6	The Bidder/consortium partner providing BPO/Call Centre services must have registered itself with Department of Telecommunication (DoT)/ TRAI.	BPO/ Call Centre Services owing to hesitation of healthcare sector to adapt IT solutions is still uncommon in India . Request you to consider this clause, as to give an opportunity for new establishments as well.		as per RFP
3	Pre Qualification Criteria Page 19, Section 3.1.9	The Bidder should have obtained an ISO 27001:2013 & ISO 20000 certification	Request you to consider if organization is in process of obtaining the same in future.		Please Refer Corrigendum-1
4	Pre Qualification Criteria Page 19, Section 3.1.9	The Bidder should have obtained an ISO 27001:2013 & ISO 20000 certification	Please alter the clause and allow ISO 27001:2008/ISO 27001:2013		Please Refer Corrigendum-1
5	Relevant Experience Page 21 Section 4.2.1.B	Should have experience in completion of turnkey projects worth 10 cr which include large dataset handling. Data analytics , data ware housing and extensive reporting. 3 or more Clients 20 2 clients 16 1 client 12 No Client 0	We are global company 100% owned by Ebix Inc, we request you to allow using our global references		as per RFP
6	Consortium Page 64 Section 11.1	The number of members in a consortium shall not be more than two (2), i.e. one prime bidder and other consortium member.	It is requested to kindly permit at least 3 member in consortium i.e. one prime bidder and two other consortium member that would contribute to the project in their respective domains and help propose a viable, stable and successful project for benefit of all. In order to ensure integrity of the bid and single point of contact, lead bidder shall be responsible for all the deliverables, securities and contract compliance.		Please refer corrigendum-1
7	Page 6, 1. (1.1)	Fact Sheet (Method for Obtaining RFP)	This section specifies Tender Fee of Rs. 10000.00 (Ten Thousand) whereas on Page 13 it is mentioned as 5000.00 (Five thousand only). Please clarify which one is final amount?		n/a
8	Page 55, Point 6	Deliverables and Timelines	Timelines are too much squeezed, it must be extended considering practical scenarios. Required manpower and space is for around 600 executives, which is not readily available within 15-20 days of time.		Please refer corrigendum-1
9	3.4.4 (Page 14): Inclusion of MSMEs in Project Delivery	The Bidder are encouraged to include Medium and Small & Medium Enterprises (MSMEs) in the delivery of the project by Subcontracting or Outsourcing a certain value of the total contract.	Please suggest, Is there any amount or Max % defined for sub-Contracting or Outsourcing?		bidder may seek clarification from MSME
10	3.5.7 Tender Opening (Submission and Opening)	The Proposals submitted up to 11:00 AM on 11th November, 2016 will be opened at 11:30 AM on 11th November, 2016 by Nodal officer or any other officer authorized by CHI, in the presence of such of those Bidders or their representatives who may be present at the time of opening.	Request you to give some more time to analyse and evaluate scope, cost and schedule in order to meet competitive price.		Please refer corrigendum-1

REPLY TO PRE-BID QUERIES **10-November-2016**
DOC APPOINTMENT OF A CENTRALISED HELPDESK FOR DELIVERING REMOTE HEALTH ADVISORY AND INTERVENTION (Doctor on Call – DoC)

S. No.	RFP Document Reference(s) (Section & Page Number(s))	Content of RFP requiring Clarification(s)	Points of clarification	Reason	CHI Response
11	3.1 Pre-Qualification (PQ) Criteria (Stage-1) - Page 19	The Bidder/consortium partner should Have at least 1000 Agents on payroll of the firm	Agents to be considered all employees or 'Paramedical, Nurse/Medical Consultation& Counselling' /Call center Executive?		as per RFP
12	3.1 Pre-Qualification (PQ) Criteria (Stage-1) - Page 19	Point 4. Bidder (each member in case ofconsortium) should be profitable and have a positive Net Worth for each of the last three financial years (i.e. 2016-2015, 2015-2014& 2014-2013).	Request you to consider this clause, for modification "Bidder (any one of the consortium partner) should be profitable and have a positive Net Worth for each of the last three financial years (i.e. 2016-2015, 2015-2014& 2014-2013).".		as per RFP
13	3.1 Pre-Qualification (PQ) Criteria (Stage-2) - Page 20	Point 2: Relevant Experience in implementation &Data ware housing and analytics (breakup in table 4.2.1)	Please elaborate requirement for Data-warehousing. Please specify duration of data volume and backup time duration.		as per IT act 2000
14	5.1 Detailed Scope of Work	Languages Supported	Call Center should be at one place for different language? If yes, will Routing be determined using IVRS only?		Bidder to propose
15	5.1.7 Call Centre Infrastructure and Technology	Provision must be made for dedicated seating for FTEs for CHI with proper lighting, air conditioning etc. to ensure sufficient comfort levels to the FTEs/Agents as well as the CHI officials, if any. Other basic facilities like water, toilets, canteen etc. should also be provided.	Please elaborate how many seats should we consider for such scenario and its duration?		2 cabin and 1 conderece room with 10 peopole sitting capcity aprt from traning room
16	5.1.12. Resource Training		Please specify if any kind of training is required for CHI staff as well?		not required
17	5.4 Roles and Responsibilities	10. Customization, development, integration of applications with CHI's systems, automated SMS gateway & Bidder's email gateway	Please explain different application, vender's software need to be integreated?		the call centre chat module and self service module are required to be integrated with NHP and MoHFW portals
18	5.1 Detailed Scope of Work (Page 26)	The system is envisaged to start with a capacity of 500 seats which may be scalable up to 600 over a period of 3 years depends upon the response of citizens.	Based on discussion in Prebid Meeting held on 04-Nov-2016, Capacity of 500 Seats to be considered per shift and 3 shifts in one day. Whereas Nightshift will have 50% capacity. Kindly suggest minimum Guarantee seats payable by CHI, this should be 1250 seats per day.		initially 500 seats in morning shift, 250 seats in evening and night shift.
19	5.1 Detailed Scope of Work (Page 26)	The biddersare expected to ramp-up or ramp-down operation capacity by 15% in 10 daysof notice period for all sets of agents to handle certain surges during operation period.	Based on discussion in Prebid Meeting held on 04-Nov-2016, arranging capacity of 1250 is practically not feasible in 45 days timeframe, request you to propose and lauch scheme in gradual manner and ramping up on periodic interval.		Please refer corrigendum-1
20	5.1.7. Call Centre Infrastructure and Technology : "Section H- Call centre application:" Page 34	CRM system and the database will be hosted at BSNL Data Centre, for which hosting space will be made available by CHI. The responsibility of connectivity from BSNL data centre to bidder's location will be the responsibility of bidder.	Our Assumption, If there is any connectivity issues at BSNL data-centre end, then SLA/SLR should be considered relaxed until Data-Center connectivity made up.		as per RFP
21	5.1.8. Customer Relationship Management tool (Page-35)	CRM system needs to act as a HelpDesk and it should have a case management, grievance management, knowledge management, chat functionality, remote management, multi-lingual self service features, and CRM system must comes pre-integrated with social media to handle grievances from social media as well. The CRM system to be used by bidder should be in Gartner's leaders quadrant (2016 report).	Consiering requirements for CRM "The CRM system to be used by bidder should be in Gartner's leaders quadrant (2016 report)", Request you to give name of 3-4 available CRM, which will improve competetive rates and further comparision would be easy.		bidder to analise the best possible CRM solution from leader quadrant which meets specifications mentioned in RFP

REPLY TO PRE-BID QUERIES **10-November-2016**
DOC APPOINTMENT OF A CENTRALISED HELPDESK FOR DELIVERING REMOTE HEALTH ADVISORY AND INTERVENTION (Doctor on Call – DoC)

S. No.	RFP Document Reference(s) (Section & Page Number(s))	Content of RFP requiring Clarification(s)	Points of clarification	Reason	CHI Response
22	5.1.13. Operational Team	Minimum onsite resource requirement per shift for Operation Team is mentioned in below table and bidder should propose resources for the successful operationalization of the helpdesk and grievance management system.	Considering the Number of resource requirements per shift, there is limitation of number of calls can be attended, hence as defined SLR in "7.2.3.2 Expected Service Levels" can be limited, in case call fluid too much then expectations cannot be met. Then Rampup plan might need to be considered based on CHI suggestion.		as per RFP
23	5.3.2. Telecom Service Provider (Page 54)	TSP will raise the invoice to the HSP and HSP will make the payment of bills for PRI lines which in turn will be reimbursed by CHI on submission of payment acknowledgement from the TSP along with other supporting documents including deduction of SLA (if any).	We assume TSP calls would be reimbursed for PRI Line (Inline/OutBound) along with Backup line from another service provider. Kindly confirm.		the PRI lines cost and other consumables will be beared by the bidder and the cost of the same may be included in the seat cost
24	7.2.5. Cap on penalties (Page 60)	Cap on the quarterly penalty is fixed at 10% of the quarterly payout. With the overall cap being 20% of projectedoutflow.	Based on Service Level Requirements (SLR) and Penalties, Cap on Penalties should be amended. Request you to update it as follows: "Cap on the quarterly penalty is fixed at 5% of the quarterly payout. With the overall cap being 10% of projectedoutflow."		as per RFP
25	5.1.4. Services to be provided by Call Centre (a) Medical Consultation& Counselling) Page 28	First the caller will be run through a series of standardized algorithms by a paramedic/nurse which will help give preventive and curative advice along with Do's/don'ts, home remedies etc. These paramedic/nurse staff will be trained well on the algorithm, soft skills and process to quickly finish this step. Then the caller will be asked whether he/she wants to be connected to an allopathic doctor/AYUSH/counsellor. Diagnosis and prescription will be given only by a doctor. On getting connected to the doctor, the caller will be given the consultation along with a detailed SMS giving the dosage and prescription. In phase one, Prescription given will be for Over-the-counter (OTC) drugs for First Aid from a pre-specified list only. Phase two onwards changes can be made according to the new or existing legislations and rules in the health sector.	Since medicines to be prescribed by staff defined under hierarchy/work-flow, if patient describes incorrectly and OTC drugs are prescribed accordingly. In-case drug do not work on the identified disease and any reaction happens, later if any kind of litigation filed by patient. Considering such kind of risk, Kindly specify who will be accountable for such scenario and related costs/damages to be borne by whome.		care should be exercised by the agents while prescribing drugs to patient. contact centre is supposed to prescribed only those OTC drugs which will not cause any allergy or reaction.
26	Scope of Work - Sec. 5, Page 26	Design and Development of algorithms to diagnose the health problem	Need more clarification in brief & details of who will be providing the inputs.		the algorithms will be developed by the bidder and CHI will approved the same
27	Detailed Scope of Work -Sec. 5.1, Page 26	No. of seats - approx. 500	Need to understand how the seats will be distributed between DC, DR & Branch delivery Locations.		25% of the seating capacity
28			Would like to understand if the 500 seats are to be allocated to Calling Agents, or they are inclusive of the seats for other support, IT, supervision and reports compilation.		only calling agents and others are seaparate
29	Detailed Scope of Work -Sec. 5.1, Page 26	Languages supported	Please indicate the call volume expected in each language skill		Please Refer Corrigendum-1
30			Location required is only one as per RFP, however languages requirement is too diverse, it would be difficult to get manpower for all these languages at one location, hence request to have a geographical spread in 2 or 3 locations.		bidder have the flexibility to choose upto 4 locations however, Database should be centralised
31	Detailed Scope of Work -Sec. 5.1, Page 26	Bidders are expectec to rampup and rampdown operation capacity by 15% in a 10 days notice period for all sets of Agents	10 days is too short a period to rampup or rampdown. Atleast 30 days notice would help to give sufficient notice for the ramping down or ramping up. We need to understand the lead for recruitment, training etc.		5% in 10 days reaming in 30 days

REPLY TO PRE-BID QUERIES **10-November-2016**
DOC APPOINTMENT OF A CENTRALISED HELPDESK FOR DELIVERING REMOTE HEALTH ADVISORY AND INTERVENTION (Doctor on Call – DoC)

S. No.	RFP Document Reference(s) (Section & Page Number(s))	Content of RFP requiring Clarification(s)	Points of clarification	Reason	CHI Response
32	Detailed Scope of Work -Sec. 5.1, Page 26	Integration with State call centre for transfer of call & existing telemedicine centre	Need more clarification in brief, details of existing telemedicine center & Platform used by state call center		This RFP does not cover the Phase-2 scope of work
33	Detailed Scope of Work -Sec. 5.1, Page 26	Presently CHI has a toll free number 1075, which may be used for this purpose.	Need detail configuration & functionality of toll free number.		Details will be shared with successful bidder
34	Detailed Scope of Work -Sec. 5.1, Page 27	Bidder shall be responsible for integrating this centralized call centre with states where this service is already running in the same form or other.	Need in detail configuration & functionality of other call centre with states where this service is already running in the same form or other.		Details will be shared in corrigendum
35	Detailed Scope of Work -Sec. 5.1, Page 28	A robust CRM is expected to be used that store millions of records.	Would like to have an estimate / expected figure on higher side. What is the current CRM used in existing contact center. Will we have to integrate new CRM with the existing CRM used at Contact centers.		No existing CRM is running, however a new CRM system should have integration capability
36	Detailed Scope of Work -Sec. 5.1, Page 28	Key considerations while designing scope of work	Emergency cases will be immediately referred to team of allopathic doctors. Emergency cases TAT need to be understood and process to transfer to allopathic doctors		Process of transfer of call be suggested by the bidder in the RFP which will be further modified/approved by the CHI
37	Detailed Scope of Work -Sec. 5.1, Page 28	Key considerations while designing scope of work	Digital strategy on health sector to be prepared over various channels – voice, email, chat, kiosks, etc. need more clarity on this aspect.		Digital strategy may be proposed by the bidder during presentation which covers voice, email, chat and any other medium.
38	Services to be provided by Call Centre - Sec. 5.1.4. Page 29 - 1st para	This can be clubbed along with in built GPS in the mobile app and NHP page.	Need more details on it about integration & its functionality		Details will be shared with successful bidder
39	Sec. 5.1.6 - Page 32	Languages supported	Request for approximate volume of calls expected in each language		No details available
40	Call Centre Information and Technology - Sec 5.1.7, Page 34	Recording soft ware - Screen Recording	If screen recording is required please specify the percentage.		not required
41		Data Retention Period	Would like to know the duration for retention		as per IT act 2000
42		email & chat sessions to be recorded	Pl. suggest if the recording is required here.		yes
43	Call Centre Information and Technology - Sec 5.1.7, Page 34	Bidder will provide PRI lines	We would need to integrate the proposed CC with other existing state running centres, hence need to understand the scope of this work.		There will be a provision of call forwarding/transferring to state run call centre.
44	Sec. 5.1.13 Page - 48	Operational Team	Pl suggest the ratios of Call Agents Vs Paramedics Vs Counsellors Vs Doctors required to be hired Also suggest the ratios of Allopathy, Ayurvedic, Homeopathy, Unani and Alt Medicine Doctors Indication of CTC for Paramedics, Doctors and their TL's would be helpful.		as per RFP Please Refer corrigendum -1
		Operational Team	L1 would be agents, L2 would be Nurses and medical staff who would handle voice and non-voice queries. We need to understand how would the cases move from L1 to L2		Bidder to decide and bid. this will be mutually decided with the successful bidder.
45	Other Queries	Call Volumes	Call volumes required for		No details available
			Inbound with AHT		No details available
			Outbound with AHT		No details available
			Email		No details available
			Chat		No details available
			IVR		No details available
SMS		No details available			
46		Volume Forecast	Forecasting process needs to be owned by Client, no mention in the scope of work.		No details available
47		SLA's	The SLA's are very steep and only penalties are mentioned, both during deployment and BAU. More details are required.		As per RFP

REPLY TO PRE-BID QUERIES **10-November-2016**
DOC APPOINTMENT OF A CENTRALISED HELPDESK FOR DELIVERING REMOTE HEALTH ADVISORY AND INTERVENTION (Doctor on Call – DoC)

S. No.	RFP Document Reference(s) (Section & Page Number(s))	Content of RFP requiring Clarification(s)	Points of clarification	Reason	CHI Response
48	2.2 Project Background. Page 8	A Ministry of Health & Family Welfare initiative in phase 1 proposes to set up this D.O.C (Doctor on call) 1104/1075 HELPLINE NUMBER which will run 24*365 to provide health related information in Hindi, English and other regional languages across the country.	Are these proposed numbers or do they already exist. If yes, with which operator ?	This will have bearing on choosing the service provider from whom the PRIs need to be bought	already exists
49	Section 2.2 Page 9	where AADHAR number will also be taken	Is AADHAR mandatory to give service?		It is required but not mandatory. Some other unique number such as mobile number should be required
		where AADHAR number will also be taken	Does AADHAR needs to be validated with the name provided?		yes, if provided
50	2.2 Project Background. Page 9	Phase 1 will also include a self-service portal for the citizens which will have standardized algorithm and 'Doctor on Text' service on TWO PLATFORMS – NHP and Mobile APP to citizens to put up their medical queries which will be responded to in a time bound manner.	Who will provide the standardized algorithm. Does the NHP and Mobile APP already exist. Only the self service portal needs to be built and integrated with NHP and Mobile APP		Bidder to develop or arrange the algorithm which will approved by MoHFW or its associated organisation
51	2.2 Project Background. Page 9	Giving the following services will be the core work of the helpline:- Medical consultation Directory Information Services Counselling as a service Grievance Registration Mother & Child Tracking Systems (MCTS) Feedback of Central Schemes Tracking and Mapping of Emergency Diseases Integration with Telemedicine Centres	1. Data for Directory Information Services will be provided by who ? 2 Data on all the Central Schemes will be 3. What is to be contrued as Emergency Diseases ? 4. Integration with Telemedicine Centres. The list of centers will be made available for referral ?		Directory information data will be provided by the CHI whereas the services will be provided by the bidder. Integration with telemedicine centres are not under the scope of this RFP.
52	5. Scope of Work. Page 26	The Overall Scope of Work Will Include: Setting up of Call Centre infrastructure Hiring of Expert Manpower Training of Manpower Design and Development of algorithms to diagnose the health problem Integration with State call centre for transfer of call& existing telemedicine centre	Design and Development of algorithms to diagnose the health problem. Who will certify this ? Integration with State call centre for transfer of call& existing telemedicine centre. What is the integration piece here and how many different systems to integrate with ? Will all states have the same State call center software ??		MoHFW and its associated organisation

REPLY TO PRE-BID QUERIES **10-November-2016**
DOC APPOINTMENT OF A CENTRALISED HELPDESK FOR DELIVERING REMOTE HEALTH ADVISORY AND INTERVENTION (Doctor on Call – DoC)

S. No.	RFP Document Reference(s) (Section & Page Number(s))	Content of RFP requiring Clarification(s)	Points of clarification	Reason	CHI Response
53	5.1.1.1. Key Considerations while designing the scope of work. Page 27	c) Resolution of queries posed by citizens based on the knowledge base that would be created in the initial in consultation with CHI. this will be kept centrally along with CRM setup. Inputs can also be taken from the existing information available on our websites. This knowledge base needs to properly maintained, indexed and should allow dynamic addition of data and present the most viewed information automatically. The knowledge base should be accessible to citizens as well through the existing CHI/NHP portal. Bidders will be given access rights to central CRM software and Knowledge Management portal for updating and retrieving the information.	c) Resolution of queries posed by citizens based on the knowledge base that would be created in the initial in consultation with CHI. this will be kept centrally along with CRM setup.- PLEASE ELABORATE ON THIS. Inputs can also be taken from the existing information available on our websites. - LIST OF WEBSITES AND HOW TO GET THE INFORMATION. This knowledge base needs to properly maintained, indexed and should allow dynamic addition of data and present the most viewed information automatically. The knowledge base should be accessible to citizens as well through the existing CHI/NHP portal. Bidders will be given access rights to central CRM software and Knowledge Management portal for updating and retrieving the information. - WHAT IS THE PROCESS TO		as per RFP
54	5.1.1.1. Key Considerations while designing the scope of work. Page 28	With reference to the health specific issues call will be categorized as emergency/ nonemergency cases. Emergency cases will be immediately referred to team of allopathic doctors while the non emergency once callers will be given an option to choose the type of treatment they wish to avail. i.e allopathic, homeopathic, Ayurveda etc	1. EMERGENCY TO BE REFERRED TO ALLOPATHIC DOCTORS SITTING WITHIN THE CALL CENTER ?? 2. NOT 108 ?? 3. HOMEOPATHIC DOCTORS ALSO SITTING IN THE CALL CENTER ?		yes
55	5.1.1.1. Key Considerations while designing the scope of work. Page 28	Bidder will frame a complete digital strategy for health sector engaging with citizens over various channels covering voice, email, chat, kiosks etc. self service options integrated with the Ministry portal. The channels will be used for both in-bound and out-bound communication. A case management system would be used to capture the details of citizens calling and keep a track of communication systems. A robust CRM is expected to be used that store millions of records	NEED DETAILS ON THE INTEGRATION WITH MINISTRY PORTAL. DOES SUCH A PORTAL ALREADY EXISTS AND IF YES WHAT IS THE MODE OF INTEGRATION. REALTIME OR SCHEDULED ?		realtime integration is required.
56	5.1.1.1. Key Considerations while designing the scope of work. Page 28	b) In case of text response/chat wait times should not be more than 90 sec with a clear message to citizen on his number in the queue and expected time of wait. Knowledge base should be made available to the user during this time for self service integrated in chat module.	ARE WE TALKING ABOUT THE CITIZEN SERVICE PORTAL WITH CHAT INTEGRATED OR ARE WE TALKING ABOUT CRM WHERE A CITIZEN CAN LOGIN AND START CHATTING. WHEN WAITING FOR AN AGENT TO BE AVAILABLE, THE CITIZEN CAN SURF THE CRM OR SERVICE PORTAL FOR RELATED INFORMATION ??		We are talking about chat module of CRM which will be integrated with NHP.gov.in portal.

REPLY TO PRE-BID QUERIES **10-November-2016**
DOC APPOINTMENT OF A CENTRALISED HELPDESK FOR DELIVERING REMOTE HEALTH ADVISORY AND INTERVENTION (Doctor on Call – DoC)

S. No.	RFP Document Reference(s) (Section & Page Number(s))	Content of RFP requiring Clarification(s)	Points of clarification	Reason	CHI Response
57	Section 5.1.2 Page 28	self service integrated in chat module	What languages need to be supported for chat module?		Multilingual
58	5.1.4. Services to be provided by Call Centre . Page 28	<p>a) Medical Consultation& Counselling</p> <p>First the caller will be run through a series of standardized algorithms by a paramedic/nurse which will help give preventive and curative advice along with Do's/don'ts, home remedies etc. These paramedic/nurse staff will be trained well on the algorithm, soft skills and process to quickly finish this step. Then the caller will be asked whether he/she wants to be connected to an allopathic doctor/AYUSH/counsellor. Diagnosis and prescription will be given only by a doctor. On getting connected to the doctor, the caller will be given the consultation along with a detailed SMS giving the dosage and prescription. In phase one, Prescription given will be for Over-the-counter (OTC) drugs for First Aid from a pre-specified list only. Phase two onwards changes can be made according to the new or existing legislations and rules in the health sector. This information will be given to the caller in her/his regional language on the phone. The SMS will be in English in Phase one. In phase two of the <u>initiative specialized doctors can also</u></p>	ANMs list to be provided along with contact numbers. What is the mode		ANMs list will be shared with the successful bidder
59	5.1.4. Services to be provided by Call Centre . Page 29	<p>c) ASHA Connect & Mother & Child Tracking System (MCTS)</p> <p>The MCTFC can be linked to our helpline where in MCTS i.e. mother and child tracking system a series of interaction with the mother before and after delivery giving her a full informative account on the nutritional care she needs to take of herself, her child, vaccinations required etc. This will include at least four phone calls to the mother two before delivery and two after. The ASHA will also be called along with ANM for a 3 way conference call with the mother where the operator will record whether all services which the mother is eligible for is availed by her or not. This will go a long way in dissemination of nutrition, health and vaccination information to the mother along with</p>	Does ASHA Connect & MCTS already exist ?		yes
60	Section 5.1.4 Page 29	ASHA/ANM can also be notified by a message to call back	Is there a single number for notification or a service provided based on location to provide a number?		yes

REPLY TO PRE-BID QUERIES **10-November-2016**
DOC APPOINTMENT OF A CENTRALISED HELPDESK FOR DELIVERING REMOTE HEALTH ADVISORY AND INTERVENTION (Doctor on Call – DoC)

S. No.	RFP Document Reference(s) (Section & Page Number(s))	Content of RFP requiring Clarification(s)	Points of clarification	Reason	CHI Response
61	Section 5.1.4 Page 29	built GPS in the mobile app	Which mobile App? Who owns this?		Mobile app for selfservice will be developed by the successful bidder. CHI will be the owner of the app.
62	Section 5.1.4 Page 29	The phone number of the Head doctor of PHC and CHC	Will phone number data provided one time or a service call need to be made to a government portal?		Phone number data will be provided to successful bidder.
63	5.1.4. Services to be provided by Call Centre . Page 30	e) Tracking & Mapping The helpline can help track and map various diseases like Dengue and Encephalitis. This mechanism can also be used to dissemination emergency information to the patients of the diseases like Dengue, tuberculosis, chikungunya etc. Information can be taken of high risk patients and they can be tracked while they will be treated. Whenever updated about specific diseases, the helpline can keep a tab, and whenever instances of those diseases are reported, authorities can be immediately notified for further examination of lead and swift action can be taken by respective authorities. This will help the health ministry to keep a tab on ground status effectively and even avert spreading of dangerous	Is this just a reporting requirement ??		yes
64	Section 5.1.7 Page 33	IVR should be able to support speech recognition for multiple languages, especially English for future requirement	What is the purpose of speech recognition?		This is an addon feature for ease of use.
65	Section 5.1.7. g Page 3	The CTI must be capable of activating the fast dialling feature of the ACD	Is fast dial same as speed dial?		yes
66	Section 5.1.8 Page 39	CRM System should be deployable on both Linux and windows operating systems,	Is this from call center user perspective or CRM server perspective?		CRM server Perspective
67	5.1.7. Call Centre Infrastructure and Technology. Page 33	f) IVR i. IVRS should have an easy navigable voice assistance for the caller to select the desired option of language, IVRS should promote and educate beneficiaries regarding government schemes and programs with a permission from caller preferable at the end of the call and all messages should be tailor made considering the profile of the person calling, region, gender etc. ii. Receive all inbound calls on the telephone number specified by CHI iii. And prompts the callers to make their selection(s) iv. Identify customer through CLI and support intelligent call routing v. Ability to identify state and language based on originating number and IVR should communicate in the same language. vi. Ability to direct the calls to a regional language speaking FTE/Agent based on originating number vii. IVR should be able to support speech recognition for multiple languages.	i. IVRS should have an easy navigable voice assistance for the caller to select the desired option of language, IVRS should promote and educate beneficiaries regarding government schemes and programs with a permission from caller preferable at the end of the call and all messages should be tailor made considering the profile of the person calling, region, gender etc. - WHAT IS THE ALGORITHM TO MAKE THE PROMOTIONS BASIS THE PROFILE OF THE PATIENT?. WHAT DEMOGRAPHICS IF THIS BASED UPON ? v. Ability to identify state and language based on originating number and IVR should communicate in the same language. - THIS NEEDS TO BE PROVIDED BY THE SERVICE PROVIDER. WILL THE GOVT HELP IN LIASONING WITH BSNL (IF THEY ARE THE ONES) AND GET US THE DATA ? vi. Ability to direct the calls to a regional language speaking FTE/Agent based on		Algorithm will be prepared by the successful bidder. Bidder to arrange and deploy.

REPLY TO PRE-BID QUERIES **10-November-2016**
DOC APPOINTMENT OF A CENTRALISED HELPDESK FOR DELIVERING REMOTE HEALTH ADVISORY AND INTERVENTION (Doctor on Call – DoC)

S. No.	RFP Document Reference(s) (Section & Page Number(s))	Content of RFP requiring Clarification(s)	Points of clarification	Reason	CHI Response
68	5.1.8. Customer Relationship Management tool. Page 35	The system should provide virtual contact centre functionality, so that agents can be geographically dispersed. CRM solution used by bidder should have the capability to deliver just-in-time, personalized, interactive assistance at the right stage of every citizen interaction. The technologies to be implemented would include an online chat, remote management and user intuitive policy eng CRM System needs to act as a HelpDesk, which provides a vital day to day contact point between citizens, backend teams, Consultancy Services team, and third party support organizations. A HelpDesk should also delivers services with multichannel employee services and should have integration with other centralized healthcare systems preserving the healthcare details/records of the citizens. A centralized access to Citizen Records information, documents, benefits and claim information, and much more need to be part	Is this "Work From Home" feature as prescribed by DoT regulations ?? Need more details on User Intuitive Policy Engine. What does this entail ?? Is the CRM the same as Self Service Portal ?		This is not for work from home feature. This is user guided system used to enhance self service functionalities to citizens at large.
69	5.1.8. Customer Relationship Management tool. Page 35	Screen transfer to happen along with call transfer i.e. pop-up should appear even in case of Vector Directory Number(VDN)to VDN transfers with details of even the agent & VDN trace. In case the citizen has called different call centre during the day the HelpDesk Agent should be able to get details of calls made to all centres	Does this mean that the DoC center needs to be integrated all the other call centers. If yes, how many such call centers and what is the process to be used ?. Will each of the other call centers provided a unified web service interface ??		Initially this will be used within the call centre. In future this feature will be used to integrate the other call centres running in the states.
70	5.1.9. Security Infrastructure of Call Centre. Page 42	v. The solution should support same policy enforcement in real time policy sync for users even when they access Internet outside the corporate network, this should be enforced through an agent deployment on roaming endpoints (MAC and Windows - MAC OS X 10.10 and MS Windows 10) . And this solution should be on premises and not with the help of SAAS i.e. mobile user traffic should redirect to on-premise solution for policy checks	So, no cloud option to be explored ??		bidder may choose.

REPLY TO PRE-BID QUERIES **10-November-2016**
DOC APPOINTMENT OF A CENTRALISED HELPDESK FOR DELIVERING REMOTE HEALTH ADVISORY AND INTERVENTION (Doctor on Call – DoC)

S. No.	RFP Document Reference(s) (Section & Page Number(s))	Content of RFP requiring Clarification(s)	Points of clarification	Reason	CHI Response
71	General Queries	<p>1. Are all the integrations timelines negotiable will there be a common website with appropriate knowledge bank or will there be multiple sites with respective links to the Govt</p> <p>3. Owing to OEM (Original Equipment Manufacturer), does this apply to Hardware or Software. (Will the software need to be owned, developed and managed by the bidder, can we have multiple software's integrated into one under one Brand)</p> <p>4. Definition of services for which the calls would be transferred to the Govt centres</p> <p>5. Possibility of integration to other Govt EHR data may need us to standardise the EHR formats. Can we follow our own format and share the detail in our formats to the customer portal?</p> <p>6. Need more clarity on self-service integration in chat module.</p> <p>7. Integration with state call centre (what and how many states) and existing telemedicine centres(when and how many) do we have to be ready with the integration at the beginning of service itself, and what level of integration would</p> <p>8 Emergency service by allopathic doctor(will it be like 108?) nonemergency by allopathic, homeopathic, Ayurveda etc, what else comes</p> <p>9. digital strategy of engagement via voice/chat/email/KIOSK????</p> <p>10. Self-service option Through ministry portal ,is it like NHS??</p> <p>11. addition of specialist in phase 2 will be additional cost born by whom??? what is phase</p> <p>12. Knowledge base to be created (should be accessible to citizen, how) ?and through CHI</p> <p>13. How many languages are directed to state call centre??? Do we need to have those languages in our set up or not?</p> <p>14. Text to speech capability and speech</p>			Will shared and discussed with the successful bidder.
72	Other Queries	1. Payment term for the program?		Request for quarterly	Payment will be made on quarterly basis after deducting the penalties.
73	Other Queries	Data base will be shared CHI state wise?			
74	Other Queries	4. No of seats required 600, whether it is 600 seats in totality or 600 * 3 shifts		Please provide clarity	Please refer corrigendum-1
75	Other Queries	Who will provide sustenance model for the algorithms		Please provide clarity	Algorithm will be updated/modified as when required.
76	Other Queries	6. IPR transfer clarity?		Please provide clarity	IPR of algorithms and any customized portion will remain with CHI.
77	Other Queries	Pre qualification criteria is considering completely technology delivery companies where as equal importance to be given for Health care service providers and			As per RFP
78	Other Queries	Please confirm the total number of seats for call centre?			As per RFP
79	Other Queries	Please confirm the total number of manpower required?			Bidder to decide and analyse
80	Other Queries	Kindly consider the resource allocation based on load basis?			query not cleared
81	Other Queries	Project Go-Live / operationalization duration can be considered as 90 days rather than 45 days.			Please refer corrigendum-1
82	Other Queries	Request for extension of 15 days duration for Technical bid submission from the date of last corrigendum released			Please refer corrigendum-1

REPLY TO PRE-BID QUERIES **10-November-2016**
DOC APPOINTMENT OF A CENTRALISED HELPDESK FOR DELIVERING REMOTE HEALTH ADVISORY AND INTERVENTION (Doctor on Call – DoC)

S. No.	RFP Document Reference(s) (Section & Page Number(s))	Content of RFP requiring Clarification(s)	Points of clarification	Reason	CHI Response
83	3.1 Pre-Qualification (PQ) Criteria (Stage-1)	4. Bidder (each member in case of consortium) should be profitable and have a positive Net Worth for each of the last three financial years (i.e. 2016-2015, 2015-2014 & 2014-2013)	- The bidder should be a profit making company and have earned operating profit in all the preceding three Financial Years i.e., 2013-14, 2014-15 and 2015-16 - and should have the positive Net Worth as on last financial year i.e., 2015-16		as per rfp
84	5.1 Detailed Scope of Work	Location To be identified by the bidder.	Do we need to open 01 Centre, of considering language support can open multiple centres		bidder have the flexibility to choose upto 4 locations however, Database should be centralised
85	Scope of Work (Page 27)	Call Centre services would be required for - Inbound Calls, Outbound Calls, IVR functions, etc.	As per the RFP we are considering the following channels: Inbound, Outbound, IVR, Chat, Email, SMS. Please confirm.		yes
86	CRM functionality (Page 36)	Email Functionality. · Whenever a case is opened/updated/closed, an email should go to the citizen.	Would Client provide email accounts for agent to responding to queires on email or will this has to be provided by Bidder ?		It has to provisioned by the bidder.
87	5.1.8. Customer Relationship Management tool (Page 35)	The CRM should be a COTS solution with seamless integration to the other tools such as IVRS, CTI, SMS gateway etc.	Would Client provide the SMS gateway? Please clarify Bidder needs to provision the SMS gateway ? If yes, would Client bear the sms charges ? Please clarify.		SMS gateway will be provided by the bidder.
88	5.1 Detailed Scope of Work (Page 27)	However, the arrangement of PRI lines as per capacity will be arranged by the bidder.	If Bidder to provide the PRI, please clarify who would pay the acquisition, monthly rentals and call charges ?		bidder to provision
89	5.1 Detailed Scope of Work (Page 27)	However, the arrangement of PRI lines as per capacity will be arranged by the bidder.	Who is the current Telecom service provider ? Would the existing line be redirected to the contact centre ?		This is new project. Bidder has to arrange the pri lines.
90	General		Please clarify if we need to access any application of Client .If yes then please explain if the connectivity will be over P2P link /Internet / MPLS. In case of P2P or MPLS ,provide the hosted application location for Link cost calculation.		Bidder may decide and suggest the best possible solution to make the system running.
91	General		What's the bandwidth requirement for Client Application access per agent session ?		Bidder has to decide and suggest.
92	5.1.14. Quality Assurance (Page 49)	The call data from the tapes/voice logger should be archived on to hard disk every 15 days. The data on the hard disk should be stored in using such naming conventions that support easy retrieval. These records shall be retained on hard disk for another 45 days.	What will be the exact Retention period of online & offline call recording ?		as per rfp.
93	General		Is there a requirement to integrate IVR/CTI with any Client or 3rd party CRM's/software (application)? What would be the mechanism and order of such integration?		Yes, IVRS/CTI should be integrated with CRM supplied in the tender. Bidder has to suggest the suitable mechanism for integration without hampering performance of the system. bidder to decide and suggest keeping
94	General		Does the call centre agents require Internet access ? Please specify the bandwidth per user per session.		in ming the security and privacy concerns.
95	General		Does the call centre agents require MS Office or any other application ? Please specify the requirements ?		Bidder to decide and suggest.
96	General		What is the type of DR site the Client is looking for, what are the SLA requirements during DR/BCP, what are the recovery timelines?		at DR site 25% of the seating capacity will remain functional in case of disaster. Bidder has to give details of DR/BCP at the time of bid for evaluation.

REPLY TO PRE-BID QUERIES **10-November-2016**
DOC APPOINTMENT OF A CENTRALISED HELPDESK FOR DELIVERING REMOTE HEALTH ADVISORY AND INTERVENTION (Doctor on Call – DoC)

S. No.	RFP Document Reference(s) (Section & Page Number(s))	Content of RFP requiring Clarification(s)	Points of clarification	Reason	CHI Response
97	Chat Functionality from CRM System (Page 40)	Chat Solution should have privacy options to ensure regulatory compliance (PCI, HIPAA, etc.) and complete control of what content is shown to agent during an assisted management session.	Will the chat tool mandatorily require to be PCI and HIPAA compliant ?		as per RFP
98	7.2.6 Overall Liability of the Bidder	The bidder's aggregate liability in connection with obligations undertaken as a part of the project regardless of the form or nature of the action giving rise to such liability (whether in contract, tort or otherwise), shall be at actuals.	We propose to amend this clause on the following principle: Either party's direct losses to be capped at average one months' charges payable by CHI		as per rfp
99	12 Indemnity	The Bidder's should indemnify CHI (including its employees, directors or representatives) from and against claims, losses, and liabilities arising from: a) Non-compliance of the Bidder with Laws/Governmental requirements b) IP infringement c) Negligence and misconduct of the Bidder, its employees, and FTEs Indemnity would be limited to court awarded damages and shall exclude indirect, consequential and incidental damages. However, indemnity would cover damages, loss or liabilities suffered by CHI arising out of claims made by its customers and/or regulatory authorities. The Bidder shall not indemnify CHI for (i) Any loss of profits, revenue, contracts, or anticipated savings or (ii) Any consequential or indirect loss or damage however caused.	We propose that indemnities be mutual, and for the following instances: a) Noncompliance with law; b) Infringement of intellectual property rights of a third party; and c) Any improper or gross negligent performance leading to a third party liability We propose to delete the following clause: "However, indemnity would cover damages, loss or liabilities suffered by CHI arising out of claims made by its customers and/or regulatory authorities."		as per rfp
100	19 Termination for Default	CHI may, without prejudice to any other remedy for breach of contract, by 90 calendar days written notice of default sent to the SP, terminate the Contract in whole or in part: a) If the Bidder fails to deliver any or all of the Solution and services within the time period(s) specified in the Contract, or any extension thereof granted by CHI; or b) If the Bidder fails to perform any other obligation(s) under the Contract. In the event of CHI terminating the Contract in whole or in part, pursuant to above mentioned clause, CHI may procure, upon such terms and in such manner, as it deems appropriate, goods and services similar to those undelivered and the Bidder shall be liable to CHI for any excess costs incurred for procurement of such similar goods or services. However, the bidder shall continue performance of the Contract to the extent not terminated.	We propose to make the termination right for default into a mutual right, with cure period of 60 days. Further, we propose to delete the following clause: "the Bidder shall be liable to CHI for any excess costs incurred for procurement of such similar goods or services." We also wish to clarify that Intelenet shall continue the performance of the Contract to the extent not terminated provided that CHI makes the payments due to Intelenet for such services performed.		as per rfp

REPLY TO PRE-BID QUERIES **10-November-2016**
DOC APPOINTMENT OF A CENTRALISED HELPDESK FOR DELIVERING REMOTE HEALTH ADVISORY AND INTERVENTION (Doctor on Call – DoC)

S. No.	RFP Document Reference(s) (Section & Page Number(s))	Content of RFP requiring Clarification(s)	Points of clarification	Reason	CHI Response
101	20 Termination for Insolvency	CHI may, at any time, terminate the Contract by giving 90 calendar days written notice to the Bidder, without any compensation to the Bidder, whatsoever if: a) The Bidder becomes bankrupt or otherwise insolvent, provided that such termination will not prejudice or affect any right of action or remedy which has accrued or will accrue thereafter to CHI. b) The Bidder being a company is wound up voluntarily or by the order of a court or a receiver, or manager is appointed on behalf of the debenture/shareholders or circumstances occur entitling the court or debenture/ shareholders to appoint a receiver or a manager, provided that such termination will not prejudice or affect any right of action or remedy accrued or that might accrue thereafter to the CHI.	We propose to delete the following clause: “without any compensation to the Bidder” since we propose that CHI make the payment of the services that have already been performed by Intelenet.		as per rfp
102	30 Limitation of Liability	Bidder's cumulative liability for its obligations under the Contract shall not exceed the Contract value and the Bidder shall not be liable for incidental/consequential or indirect damages including loss of profit or saving.	We propose to amend the clause on the following principle: Either party's direct losses to be capped at average one months' charges payable by CHI		as per RFP
103	Page No - 26 Clause No - 5	Integration with State call centre for transfer of call& existing telemedicine centre	How integration will happen with State Call Centre and Tele medicine Centre.Pls share the nos of Call Centre and their Pilot number on which call to be forwarded.		Please refer corrigendum-1
104	Page No - 26 Clause No - 5.1	The bidders are expected to ramp-up or ramp-down operation capacity by 15% in 10 days of notice period for all sets of agents to handle certain surges during operation period.	Please advise if Cloud Telephony is proposed in place of conventional PRI? This will help to scale up faster and no obsolescence		bidder to propose
105	Page No - 27 Clause No - 5.1	Bidder shall leverage the toll free number 1075 owned by MoHFW/CHI and bidder will be responsible to transfer the same at the end of the contract. However, the arrangement of PRI lines as per capacity will be arranged by the bidder.	Does this mean that bidders only have to arrange inbound PRI lines for Toll Free termination and all toll free expenses shall be paid by MoHFW/CHI directly to TSP?		it is the responsibility of the bidder
106	Page No - 52 Clause No - 5.4 (9)	Network Connectivity (MPLS) (between Call Centre and DR)	Scope of MPLS VPN is not clear in the Bid. Pls advise the architecture of MPLS VPN, connecting Sites, respective bandwidth etc..		Bidder to decide and suggest the workable and secure solution in the bid.
107	Page No - 53 Clause No - 5.3.1 (XV)	HSP will make the payment of bills for PRI lines raised by the TSP which in turn will be reimbursed by CHI on submission of payment acknowledgement from the TSP along with other supporting documents including deduction of SLA (if any). While availing the services from the Telecom Service Provider (TSP) and providing the same to the CHI, the HSP shall comply with all applicable legal provisions including provisions relating to ensuring that these services do not tantamount to re-sale to CHI and also CHI does not end up paying any additional / double taxes (e.g. Service Tax, etc.) thereon while reimbursing the expenses to the HSP.	Please explain below points pertaining to TSP part in more details:- i) What would be the outbound pulse duration ? ii) What would be inbound pulse duration for Toll Free usage ? iii) What would be minimum quarterly outbound usage commitment ? iv) What would be minimum quarterly toll free usage commitment ?		Pulse duration is 30 seconds
108	Page No - 92 Clause No - Annexure - 3	Price Schedule	No provision for Pricing for Toll Free, PRI and MPLS charges in Price Bid.		as per rfp

REPLY TO PRE-BID QUERIES **10-November-2016**
DOC APPOINTMENT OF A CENTRALISED HELPDESK FOR DELIVERING REMOTE HEALTH ADVISORY AND INTERVENTION (Doctor on Call – DoC)

S. No.	RFP Document Reference(s) (Section & Page Number(s))	Content of RFP requiring Clarification(s)	Points of clarification	Reason	CHI Response
109	4.1 Pre-Qualification (PQ) Criteria (Stage-1) page no. 19	The Bidder/consortium partner should have: <input checked="" type="checkbox"/> An average annual turnover of not less than Rupees 240 Crore for last three financial years (i.e. 2016-2015, 2015-2014& 2014-2013). <input checked="" type="checkbox"/> Out of the above turnover, a minimum of Rupees 50 Crore should be from call centre operations, for each of last three financial years (i.e. 2016-2015, 2015-2014& 2014-2013).	We request you to please amend the clause as under :- The Prime Bidder should have: <input checked="" type="checkbox"/> An average annual turnover of not less than Rupees 240 Crore for last three financial years (i.e. 2016-2015, 2015-2014& 2014-2013). The Prime Bidder/consortium partner should have: <input checked="" type="checkbox"/> Minimum turnover of Rupees 15 Crore from call centre operations, for each of last three financial years (i.e. 2016-2015, 2015-2014& 2014-2013).		as per rfp
110	4.1 Pre-Qualification (PQ) Criteria (Stage-1) page no. 20	Experience of bidder (prime bidder) in establishing, implementation of call centre technology and managing call centre operations of at least 100 seats on turnkey basis within the last 5 years in India or abroad.	We request you to please amend the clause as under :- Experience of bidder/consortium partner in establishing, implementation of call centre technology and managing call centre operations of at least 100 seats on turnkey basis within the last 5 years in India or abroad.		as per rfp
111	4.2 Technical Qualification Criteria (Stage-2) page no 21-22	Should have experience in completion of turnkey projects worth 10 cr which include large dataset handling. Data analytics, data ware housing and extensive reporting.	We request to please amend the clause as under :- Should have experience in completion of turnkey projects worth 10 cr which include system integration, IT services, Application development, IT Hardware and system software. Remarks: This clause is restricting competition as only few companies have experience of Data analytics, data ware housing and extensive reporting worth 10 Cr and this type of experience is not relevant as per scope of work of this project. Max marks given to this criteria is very high i.e 20 marks and hence favoring 1 or 2 companies.		as per RFP
112	4.2 Technical Qualification Criteria (Stage-2) page no 21-22	4.2.3. Team Profile a) Responses received in Annexure-2, Form-7 would be used for evaluating the bidder on the skills and experience of the proposed project team and in accordance with the requirements of this project.	Request to please confirm Form 7 i.e Team profile is required to be submitted for all the team including Project Manager, FTE/agents, doctors, Paramedical Staff. It is not possible for submission of CVs for doctors and paramedical staff hence request to please amend the clause accordingly.		Bidder has to give the details of key person in the bids.
113	4.2 Technical Qualification Criteria (Stage-2) page no 21-22	Relevant Experience in implementation of CRM Solutions (Solo or Turnkey)	Request to please provide the breakup of 20 marks in this section		as per RFP
114	4.2 Technical Qualification Criteria (Stage-2) page no 21-22	Minimum passing Marks -60 marks .The minimum qualifying aggregate technical score for Stage 2 will be 65% of total score for the technical evaluation.	These clauses are contradictory. Please clarify		65% is the passing marks
115	5.6 Signing of Contract page no. 26	After the CHI notifies the successful bidder that its proposal has been accepted, CHI shall enter into a contract, incorporating all clauses, pre-bid clarifications and the proposal of the bidder between CHI and the successful bidder. The Draft Legal Agreement is provided as a separate document as a template.	Request to please provide the draft legal agreement for legal vetting mentioning all the clauses, SLAs, Penalties etc		Signing of contract will be based on the RFP.
116	5.1 Detailed Scope of Work page no 27	The bidders are expected to ramp-up or ramp-down operation capacity by 15% in 10 days of notice period for all sets of agents to handle certain surges during operation period.	Request to please provide sufficient time for hiring of operational manpower including Agents, Doctors, Paramedical Staff to ramp up the capacity. It is not possible to hire 15% staff in 10 days of notice period.		5% in 10 days remaining in 30 days

REPLY TO PRE-BID QUERIES **10-November-2016**
DOC APPOINTMENT OF A CENTRALISED HELPDESK FOR DELIVERING REMOTE HEALTH ADVISORY AND INTERVENTION (Doctor on Call – DoC)

S. No.	RFP Document Reference(s) (Section & Page Number(s))	Content of RFP requiring Clarification(s)	Points of clarification	Reason	CHI Response
117	5.1 Detailed Scope of Work page no 28	Bidder shall leverage the toll free number 1075 owned by MoHFW/CHI and bidder will be responsible to transfer the same at the end of the contract. However, the arrangement of PRI lines as per capacity will be arranged by the bidder.	Please confirm the recurring charges of Telecom service provider including PRI lines, Call Charges for inbound and out bound, SMS charges etc shall be borne by CHI and separate agreement by Ministry and Telecom service provider is in place. Please provide the details		Bidder has to arrange all communication channels.
118	6.1.3. Go-Live / Operationalization page no. 29	Go-Live of the setup will take place within 45 days of award of contract.	Please provide sufficient time for hiring of 500 approx manpower, call centre telephony and infrastructure and various hardware and software procurement, application development, CRM etc and accordingly increase the time period for setup and Golive from award of contract. Also provide separate time period for Phase 1 and Phase 2 scope of work		Please refer corrigendum-1
119	6.1.8. Customer Relationship Management tool page no 36	The CRM should be a COTS solution with seamless integration to the other tools such as IVRS, CTI, SMS gateway etc. The CRM system to be used by bidder should be in Gartner's leaders quadrant (2016 report). All technologies/features should be owned/ provided and supported natively by a single OEM.	These clauses are supporting only one OEM and restricting competition. Request to please mention the functionality of CRM application and allow the bespoke application/open source technology as per the guidelines of Ministry of Information Technology issues by DIETY.		as per RFP
120	6.1.9. Security Infrastructure of Call Centre page no. 41-45	a) Next Generation Firewall specifications b)Web Security Specifications c) Data Leakage Prevention (DLP)Specifications, d) Email security Specifications	The specifications provided in the RFP for Security Infrastructure are supporting/favoring one OEM and hence propriety in nature, We request to please remove the specifications and allow bidder to propose the solution meeting the required SLAs related to call centre.		Please refer corrigendum-1
121	6.1.13. Operational Team page no. 49	The Call centre vendor would be required to provide CVs of the Core Team and CVs of the Medical Consultants as per the format given in RFP	It is not possible for providing the CVs of Medical Consultants at the time of bidding hence please Exempt CVs for doctors and paramedical staff at the time of bidding.		Bidder has to give the details of key person in the bids.
122	6.4 Roles and Responsibilities page no. 53	Office space for Call Centre operations	Please confirm who will provide space, electricity, water for call centre operations		Bidder has to arrange all necessary infrastructure such as space, electricity, water, transporataion and any components etc. which are required to keep the system up and running.
123	6.4.1. Responsibility of Call Centre Vendor/HSP page no. 54	HSP shall operate contact centre the contact centre as a service for CHI and will be responsible for arranging all the infrastructure, software as per specifications (where ever given in the RFP). Customised portions of the CRM, associated citizen database ,Knowledge Management content, will be handed over to ministry post the contract period of 3 years.	Please confirm about the other hardware and software infrastructure deployed for call centre operations shall be the property of CHI or HSP at the end of the contract period for 3 years.		Hardware will remain the property of HSP whereas CRM and corresponding database, algorithm and any customization will be the property of CHI
124	6.4.2. Telecom Service Provider page no. 55	TSP will raise the invoice to the HSP and HSP will make the payment of bills for PRI lines which in turn will be reimbursed by CHI on submission of payment acknowledgement from the TSP along with other supporting documents including deduction of SLA (if any)	Please confirm the rates of PRI lines, telephony charges , SMS charges of Telecom Service Provider has been finalised by CHI and if not who is responsible for selection of TSP.		All expenditure related PRI lines, SMS, technology and any other consumables will be borne by the bidder.

REPLY TO PRE-BID QUERIES **10-November-2016**
DOC APPOINTMENT OF A CENTRALISED HELPDESK FOR DELIVERING REMOTE HEALTH ADVISORY AND INTERVENTION (Doctor on Call – DoC)

S. No.	RFP Document Reference(s) (Section & Page Number(s))	Content of RFP requiring Clarification(s)	Points of clarification	Reason	CHI Response
125	7. Deliverables and Timelines page no. 56	Hiring of Resources by SI, Training to Resources by SI Completion of Call Center Setup by SI	Training to resources will only be provided after deployment of manpower and please provide the timelines accordingly and timelines for completion of call center set up i.e 7 weeks is very less and request tom please provide atleast 12-16 weeks as hardware and software infrastruture procurement , application development, CRM integration etc will take atleast 8-12 weeks.		as per RFP
126	8.2.5. Cap on penalties page no. 61	Cap on the quarterly penalty is fixed at 10% of the quarterly payout. With the overall cap being 20% of projectedoutflow. Projected outflow for the penalty calculation will be as follows: Projected Outflow = FTE Cost per month * 100 * Number of months of Contact Centre operations FTE (Agent/Paramedic/doctor) Cost per month: FTE cost proposed by the successful bidder Number of months of Contact Centre operations: 26 months	Penalties on account of projected outflow is very high looking into the total contract price. Please review the formula for projected outflow penalty calculation against delays in implementation of call centre.		as per rfp
127	27. Applicable Law page no. 71	The prices quoted (as mentioned in Annexure 10-Bill of Materials submitted by the Bidder) for the solution and services shall be firm throughout the period of Contract and shall not be subject to any escalation.	Request to please ammed the clause as under :- The prices quoted (as mentioned in Annexure 10-Bill of Materials submitted by the Bidder) for the solution and services shall be firm throughout the period of Contract and shall not be subject to any escalation except increase in minimum wages. Differential increase over and above 10 % per annum in the minimum wages shall be paid by CHI to comply with labor laws.		as per rfp
128	Page 10 Section 2.1	C)The CHI reserves the right to extend the Term for a period or periods of up to 2 year with a maximum of 2 such extension or extensions on the same terms and conditions, subject to the CHI obligations at law		In case of extension beyond 3rd year request to allow 10% increase on 3rd year's prevailing rate as it is allowed for 2nd and 3rd year.	as per rfp
129	Page 19 Section 4.1	1.A minimum of Rupees 50 Crore should be from call centre operations, for each of last three financial years (i.e. 2016-2015, 2015-2014 & 2014-2013		GVK EMRI is operating 20 call centers in health sector including having experience of similar project like Health helpline. We request the requirement for minimum turnover from call center be reduced to Rs.10 Cr to assess capability and competency of the bidder.	as per rfp
130	Page 20 Section 4.1	3.Bidder and consortium partner should be a 100% owned company and registered Companies Act (1956) for a period of at least 5 years as on 31-3-2016 All other members in case of consortium, should registered in India for a period of at least 3 years as on 31-3-201		Request organization registered under society should also be allowed to participate as bidder. Bidders having experience in similar project and have capability to pass through required technical qualification, should not be restricted to participate due to status of registration.	as per rfp

REPLY TO PRE-BID QUERIES
10-November-2016
DOC APPOINTMENT OF A CENTRALISED HELPDESK FOR DELIVERING REMOTE HEALTH ADVISORY AND INTERVENTION (Doctor on Call – DoC)

S. No.	RFP Document Reference(s) (Section & Page Number(s))	Content of RFP requiring Clarification(s)	Points of clarification	Reason	CHI Response
131	Page 20 Section 4.1	6.The Bidder/consortium partner providing BPO/Call Centre services must have registered itself with Department of Telecommunication (DoT)/ TRAI.		On award of contract will be registered with DoT/TRAI	as per RFP
132	Page 20 Section 4.1	7.Experience of bidder (prime bidder) in establishing, implementation of call centre technology and managing call centre operations of at least 100 seats on turnkey basis within the last 5 years in India or abroad. Relevant client certificate for establishing and managing call centre operations of at least 200 seats on turnkey basis within the last 5 years	a)In both the columns the number of seats differs. Please clarify. Also please refer page no 73 point no 7 to be corrected as 100 seats. b) Please clarify whether the requirement for 100 or 200 seats are from single call center or multiple call center?	a) Request to allow bidders having experience of 100 seater in a single call center or 200 seater from multiple call centers. b)Qualification criteria should be evaluated on the basis of summation of prime bidder and other partners.	as per rfp
133	Page 20 Section 4.1	9.The Bidder should have obtained an ISO 27001:2013 & ISO20000 certification		A self declaration to obtain this certificates upon award of contract should be asked for.	As per RFP
134	Page 23 Section 4.2.5	a)Inbound call handling for queries/requests/ complaints handling and b) Outbound call handling for Grievance Redressal and query solving. TEC reserves the right to visit the same and include the same for evaluation.	May bidder know that irrespective of number of seats, process mentioned in point a & b to be evaluated ?		as per rfp
135	Page 25 Section 5.5	The CHI will require the selected bidder to provide a Performance Bank Guarantee, within 15 days from the Notification of award, for a value equivalent to 10% of the total cost of ownership		Request to keep PBG as 5% of Total cost of ownership or 10% of 1 year cost.	As per RFP
136	Page 27 section 6.1	Language: English, Hindi, Bhojpuri, Maithili, Sindhi, Kashmiri, Dogri, Punjabi, Urdu, Assamese, Bengali, Bodo, Manipuri, Odia, Santhali, Nepali, Gujarati, Marathi, Kannada, Telugu, Tamil, Malayalam, Konkani	a)Is it mandatory to start with all languages mention from 'Go Live'? b) Is it only voice support for regional language? Or data on the screen also should be changed according to the selected language? c) Can bidder assume that the Input data will be only in English?	Input data only in English	Input data will be in english
137	Page 27 section 6.1	Bidder has to identify the space prior to participating in the bid.	Can bidder assume that the call center can be established anywhere in India?		yes
138	Page 28 section 6.1	Bidder shall be responsible for integrating this centralized call centre with states where this service is already running in the same form or other. Bidder shall design the overall approach for call centre operations, which will include but not limited to the following	In which states this service is running. To plan the integration with other call centers the details of existing hardware and the services running at the respective states are needed		Only call will be transferred to respective call centre
139	Page 29 Section 6.1.3	Go-Live of the setup will take place within 45 days of award of contract		Considering the scale of the project, request to allow 90 days for 'Go Live' from signing agreement.	Please refer corrigendum-1
140	Page 30 Section 6.1.4	a)Medical Consultation& Counselling On the choice of the caller and gravity of the situation, ASHA/ANM can also be notified by a message to call back the caller to continuously monitor the situation. In future the calls could also be connected to Jan Aushadhi and the caller can be briefed about the whereabouts of the pharmacy where the medicine prescribed to her/him will be available. This can be clubbed along with in built GPS in the mobile app and NHP page		Request for more clarity is required on the mobile app and NHP page	as per RFP

REPLY TO PRE-BID QUERIES **10-November-2016**
DOC APPOINTMENT OF A CENTRALISED HELPDESK FOR DELIVERING REMOTE HEALTH ADVISORY AND INTERVENTION (Doctor on Call – DoC)

S. No.	RFP Document Reference(s) (Section & Page Number(s))	Content of RFP requiring Clarification(s)	Points of clarification	Reason	CHI Response
141	Page 30 Section 6.1.4	b)Directory Information Services. Here the caller can ask for information on the nearest government hospital, PHC, CHC and the facilities being provided by them. It can again be linked with GPS for mobile application and NHP page.	Can bidder assume that CIF will provide details of PHC, CHC and facilities across the states?		point not cleared.
142	Page 30 Section 6.1.4 (D)		Does this involve only capturing and managing the grievances? OR		yes
143		Public Grievance & Feedback	Does this require any SLA to be incorporated for resolution of the grievances? If So what are they?		yes
144	Page 31 Section 6.1.4 (E)	Tracking & Mapping	Does this require plotting the incidents on the maps?		yes
145	Page 31 Section 6.1.4	f. This existing telemedicine centres will be integrated with D.O.C in phase-2	a)Tele-Medicine solution interface need to be known to integrate with the application. At integration stage if any additional hardware is required at call center will the additional hardware cost will be reimbursed ? b)Does it only voice transfer? Or also data transfer to these applications? If data transfer is involved then following questions required detailed clarifications.. i) How many such call centres applications to be integrated? What is their frontend and back end? ii) What data to be integrated? Is it one way integration? Or two way integration? For ex: CRM to Call centers And/Or Call centers To CRM iii) Are the vendors of the call center applications ready to support for integration? And to share required schema formats? Does their applications support for integration?		The current system should be capable of integrating with existing telemedicine centres. Bidder has to provision initially and there will be no reimbursement of additional hardware cost. Software solution may be think off. Both voice and data transfer is required. the data should be integrated both way. for point iii, yes
146	Page 32 Section 6.1.5	Kannada Telgu, Assamese, Rajasthani, Himachali(Dogri) & Marathi	As per diagram it seems in case of these languages; call will be forwarded to respective state contact center ; So in such case will it be required to have these languages in 1104 call center?	The requirement of these languages may be dropped from clause no 5.1.6 page no 31	as per RFP
147	Page 34 Section 6.1.7	g) Computer Telephone Integration (CTI) ii. It may be interfaced with the Core system of CHI i.e. National Health Portal so send/receive data which needs to be populated (as in when developed).	Can bidder assume that developing National Health Portal is in the scope of successful bidder?	Interface parameters to be informed to bidders	Developing NHP is not under the scope of bidder. Bidder has to integrate the chat module, self service module or any other services provided by the call centre vendor.
148	Page 36 Section 6.1.8	The CRM should be a COTS solution with seamless integration to the other tools such as IVRS, CTI, SMS gateway etc	Is it mandatory that CRM should be a COTS solution?		as per RFP
149	Page 46 Section 6.1.11	Resource on-boarding	As there is no mention about counselor, can bidder assume that counseling will be done by team of Doctors?		counseling will be done dedicated counsellor
150	Page 57 Section 8.1	The call centre payments will be paid on Quarterly basis after adjusting for penalty (if any) as per Call Centre Cost given by bidder. The Cost will be computed by multiplying the number of persons deployed every month (language wise& Domain wise) with that of cost of per person per month rate		Considering recurring expenses, request to pay on monthly basis.	as per RFP
151	Page 61 Section 8.2.5	Cap on quarterly penalty is fixed at 10% of the quarterly output. With the overall cap being 20% of projected outflow.		Request to fix Cap on overall penalty at 5%.	as per RFP

REPLY TO PRE-BID QUERIES **10-November-2016**
DOC APPOINTMENT OF A CENTRALISED HELPDESK FOR DELIVERING REMOTE HEALTH ADVISORY AND INTERVENTION (Doctor on Call – DoC)

S. No.	RFP Document Reference(s) (Section & Page Number(s))	Content of RFP requiring Clarification(s)	Points of clarification	Reason	CHI Response
152	Page 66 Section 12	i)The number of members in a consortium shall not be more than two (2), i.e. one prime bidder and other consortium member		Request to allow organization registered under society act, to bid as prime bidder and / or as consortium partner.	as per rfp
153	Page 75 Section Check List	3.Bidder and consortium partnershould be a 100% owned company and registered Companies Act (1956) for a period of at least 5 years as on 31-3-2016		Organization having relevant experience registered under society Act should be allowed to participate as prime bidder and / or consortium partner.	as per rfp
154	Page 88 Form 3	Note: Documentary proof for the stated number of call centre agents, attested by the client.		Call center experience certificate to be obtained from client but for other details like no of agents etc should be allowed for self certification or certified by auditor.	ok
155	Page No - 18 Pre Qualification Criteria Point No 1	The Bidder/consortium partner should have: ** An average annual turnover of not less than Rupees 240 Crore for last three financialyears (i.e. 2016-2015, 2015-2014& 2014-2013). ** Out of the above turnover, a minimum of Rupees 50 Crore should be from call centre operations, for each of last three financial years (i.e. 2016-2015, 2015-2014& 2014-2013).	Request your confirmation on the fact that in case of a Consortium , Annual Turnover of both the Companies (in consortium) shall be taken taken together for calculating average annual turnover for last three financial years (i.e. 2016-2015, 2015-2014& 2014-2013) and turnover of both the compnies taken together should be more than 240 Crores.		as per rfp
156	Page 26 Detailed Scope of Work	No of Seats - 500 approx	Plaese define "SEAT" and clarify how one billable Seat will be counted or calculated. In case Seats and Agents are synonymous , how many hours one Agent or Seat will refer to (shift of 8 hours or 9 hours) and how many hours in a month a Seat or Agent will contribute Please clarify following points also : Whether you are referring 500 Agent strength spread over various shifts in 24 hours' cycle. It means (for example) that there may be 250 Agents logging in 1st Shift, 200 Agents logging in 2nd Shift and 50 Agents logging in third shift. OR Whether you are referring 500 Agents in each shift (total three shifts in a day i.e. 8 hours' x 3 shifts = 24 hours). It means total 1500 Agents will be required to logged in		as per corrigendum-1
157	Page No - 5 Important Dates Point No 5	Last Date of bid submission is 11th November 2016	Last date of bid submission should be 3 weeks from the date of posting all the clarifications on website		the last date of bid submission will be 17 th November, 2016

REPLY TO PRE-BID QUERIES **10-November-2016**
DOC APPOINTMENT OF A CENTRALISED HELPDESK FOR DELIVERING REMOTE HEALTH ADVISORY AND INTERVENTION (Doctor on Call – DoC)

S. No.	RFP Document Reference(s) (Section & Page Number(s))	Content of RFP requiring Clarification(s)	Points of clarification	Reason	CHI Response
158	Page 26 Detailed Scope of Work	No of Seats 500	Whether you wish to start with given number of seats in one go or we can start the Process with 100 seats / Agents and then gradually increase the strength. Also please confirm that what ever number of Agents or Seats you confirm to loggin , it will be the billable number irrespective of the fact that whether the actual call volume received is less		Please refer corrigendum-1
159	Page No - 26 Clause No - 5	Integration with State call centre for transfer of call& existing telemedicine centre	How integration will happen with State Call Centre and Tele medicine Centre.Pls share the nos of Call Centre and their Pilot number on which call to be forwarded.		this is covered under DOC phase-2. the details will be discussed with successful bidder
160	Page No - 26 Clause No - 5.1	The bidders are expected to ramp-up or ramp-down operation capacity by 15% in 10 days of notice period for all sets of agents to handle certain surges during operation period.	Please advise if Cloud Telephony is proposed in place of conventional PRI? This will help to scale up faster and no obsolescence		Bidder has to decide and suggest the solution for faster rollout
161	Page No - 27 Clause No - 5.1	Bidder shall leverage the toll free number 1075 owned by MoHFW/CHI and bidder will be responsible to transfer the same at the end of the contract. However, the arrangement of PRI lines as per capacity will be arranged by the bidder.	Does this mean that bidders only have to arrange inbound PRI lines for Toll Free termination and all toll free expenses shall be paid by MoHFW/CHI directly to TSP?		All have expenses have to bear by the bidder. The price of PRI lines and other consumable should be loaded into seat cost.
162	Page No - 52 Clause No - 5.4 (9)	Network Connectivity (MPLS) (between Call Centre and DR)	Scope of MPLS VPN is not clear in the Bid. Pls advise the architecture of MPLS VPN, connecting Sites, respective bandwidth etc..		Bidder to decide and suggest the best possible solution in the bid.
163	Page No - 53 Clause No - 5.3.1 (XV)	HSP will make the payment of bills for PRI lines raised by the TSP which in turn will be reimbursed by CHI on submission of payment acknowledgement from the TSP along with other supporting documents including deduction of SLA (if any). While availing the services from the Telecom Service Provider (TSP) and providing the same to the CHI, the HSP shall comply with all applicable legal provisions including provisions relating to ensuring that these services do not tantamount to re-sale to CHI and also CHI does not end up paying any additional / double taxes (e.g. Service Tax, etc.) thereon while reimbursing the expenses to the HSP.	Please explain below points pertaining to TSP part in more details:- i) What would be the outbound pulse duration ? ii) What would be inbound pulse duration for Toll Free usage ? iii) What would be minimum quarterly outbound usage commitment ? iv) What would be minimum quarterly toll free usage commitment ?		pulse duration will be 30 seconds. AS per RFP
164	Page No - 92 Clause No - Annexure - 3	Price Schedule	No provision for Pricing for Toll Free, PRI and MPLS charges in Price Bid.		As per RFP
165	Page No - 5 Important Dates - Point 2 and 3	Last date for submission of pre-bid queries : 1st Nov 2016 and Pre-bid meeting - 4th Nov 2016 at 10 AM	Will the reply to all the pre bid queries raised by various service providers be posted on CHI's website and by when it is expected to be posted.		NA
166	Page No - 5 Important Dates - Point 3	Last date and time for bid submission : 11th Nov 2016 11:00 AM	As a standard industry practice, at least two weeks are provided to submit the RFP reply after all the clarifications have been provided. As such, request the last date of submission be extended to 18th November 2016 (presuming all the clarifications are provided by 4th November 2016)		the last date of bid submission will be 17 th November, 2016
167	Page No - 8 Point 2.1 (a) Basic Information	The CHI reserves the right to extend the Term for a period or periods of up to 2 year with a maximum of 2 such extension or extensions on the same terms and conditions, subject to the CHI obligations at law.	Will these extensions be at the existing rates or at a mutually agreed revised rates. We suggest these be at mutually agreed revised rates		Please refer corrigendum-1
168	Page No - 8 Point 2.2	A Ministry of Health & Family Welfare initiative in phase 1 proposes to set up this D.O.C (Doctor on call) 1104/1075 HELPLINE NUMBER	Number Procurement shall be responsibility of CHI		yes

REPLY TO PRE-BID QUERIES **10-November-2016**
DOC APPOINTMENT OF A CENTRALISED HELPDESK FOR DELIVERING REMOTE HEALTH ADVISORY AND INTERVENTION (Doctor on Call – DoC)

S. No.	RFP Document Reference(s) (Section & Page Number(s))	Content of RFP requiring Clarification(s)	Points of clarification	Reason	CHI Response
169	Page No - 9 Point 2.2	Giving the following services will be the core work of the helpline: - Medical Consultation Directory Information Services Counselling as a Service	Will CHI provide some Knowledge bank to assist answering the queries raised by callers		bidder to develop the knowledge bank for medical consultation.
170	Page No - 12 Point 2.6	Pre-bid Conference : CHI shall hold a pre-bid meeting with the prospective bidders on 2nd November, 2016, 12:00 noon at Conference hall, NIHF, Munirka, New Delhi.	While its mentioned on page 12 that pre-bid meeting will be held on 2nd Nov'16 , its mentioned on Page 5 of RFP that Pre-bid Meeting will be held on 4th November 2016 - <u>please clarify the date</u>		not relevant
171	Page No - 13 Point 3.4.2	RFP document can be purchased at the address & dates provided in the Fact sheet by submitting a non refundable bank demand draft of Rs. 5000	Its mentioned on page no 6 that RFP Document Fee is Rs 10,000/- whereas here it is mentioned as Rs 5000/- - <u>please clarify.</u>		Please check the tender document carefully. Not relevant
172	Page No - 14 Point 3.4.4	The Bidder are encouraged to include Medium and Small & Medium Enterprises (MSMEs) in the delivery of the project by Subcontracting or Outsourcing a certain value of the total contract.	Is there any minimum percentage decided for Subcontracting or Outsourcing a certain value of the total contract. What benefit will the bidder get in evaluation <u>criteria for this subcontracting</u>		Subcontracting to MSME will be as per Rules of Ministry of MSME
173	Page No - 20 Technical Qualification Criteria	Maximum Marks 100 ; Minimum Passing Marks 60	What is the basis of marks allocation for all 7 Evaluation Criteria		Please check the tender document carefully.
174	Page No - 23 Commercial Bid Point (d)	The bid price will include all taxes and levies and shall be in Indian Rupees and mentioned separately	The bid price will include all taxes and levies ; it refers to existing taxes and levies. What about any change in taxes in future – how these changes in taxes will be dealt.		Taxes will be considered as per actual.
175	Page No - 26 Point 5.1	Languages Supported : English, Hindi, Bhojpuri, Maithili, Sindhi, Kashmiri, Dogri, Punjabi, Urdu, Assamese, Bengali, Bodo, Manipuri, Odia, Santhali, Nepali, Gujarati, Marathi, Kannada, Telugu, Tamil, <u>Malayalam, Konkani</u>	In what ratio calls will come and how many resources will have to be maintained in each language queue.		Details are already given in tender
176	Page No - 26 Point 5.1	Accessibility : Accessible through a Toll Free Number. Presently CHI has a toll free number 1075, which may be used for this purpose	Who will procure PRIs and who will bear telecom cost		Bidder
177	Page No -27 5.1 Detailed Scope of Work,	Bidder shall understand the processes of MoHFW and various service requirements at the Call Centre. Call Centre services would be required for - Inbound Calls, Outbound Calls, IVR functions, etc.	Would CHI also need back office support & a SMS Gateway		Bidder has to consider in the bid.
178	Page No -26 5.1 Detailed Scope of Work,	No of Seats - 500	Please share the volumes, AHT, Intra day patterns and SL Targets for each contact type		please refer corrigendum-1
179	Page No 28 5.1.2. Design, Development, Testing and Implementation Solution (b)	In case of text response/chat wait times should not be more than 90 sec with a clear message to citizen on his number in the queue and expected time of wait. Knowledge base should be made available to the user during this time for self service integrated in <u>chat module.</u>	Will CHI provide the SMS Gateway		Bidder to provide SMS gateway
180	Page No 27 5.1 Detailed Scope of Work	Bidder shall understand the processes of MoHFW and various service requirements at the Call Centre. Call Centre services would be required for - Inbound Calls, Outbound Calls, IVR functions, etc.	Does the campaign also require E-Mail Support, If Yes will it be webmail or outlook?		campaign will be taken care by MoHFW
181	Page No 32 5.1.7. Call Centre Infrastructure and Technology (a)	Bidder shall be responsible for providing premises duly equipped with requisite infrastructure like power, lighting, network connectivity, security systems, etc.	Who will procure and own OPRIs - who shall bear the Telecom Cost		Bidder
182	Page No 33 5.1.7. Call Centre Infrastructure and Technology (g)	Computer Telephone Integration (CTI)	Is there any requirement of screen capture?		not required.

REPLY TO PRE-BID QUERIES **10-November-2016**
DOC APPOINTMENT OF A CENTRALISED HELPDESK FOR DELIVERING REMOTE HEALTH ADVISORY AND INTERVENTION (Doctor on Call – DoC)

S. No.	RFP Document Reference(s) (Section & Page Number(s))	Content of RFP requiring Clarification(s)	Points of clarification	Reason	CHI Response
183	Page No 34 5.1.7. Call Centre Infrastructure and Technology (h)	The software would maintain complete call history and case history of all calls received and the patients at the call centre through a central customer relationship management tool as specified in section 5.1.8. CRM system and the database will be hosted at BSNL Data Centre, for which hosting space will be made available by CHI. The responsibility of connectivity from BSNL data centre to bidder's location will be the responsibility of bidder.	What is the percentage of call recording required for inbound & outbound? If Yes, What is the retention period for both voice & screen recording? Do we need to share the recordings with CHI? What is the medium which is to be used for data transfer?		100% recordings and any data related to call centre will be property of the CHI. Bidder is not expected to share/sell the data and any research/analysis with any other party or firm. Data should be transferred through 3 copies of DVDs.
184	Call centre application/ Page 35	CRM system and the database will be hosted at BSNL Data Centre, for which hosting space will be made available by CHI. The responsibility of connectivity from BSNL data centre to bidder's location will be the responsibility of bidder.	We understand that BSNL shall provide the data center hosting (including rack space, UPS power, cooling etc.) as per requirements and HSP need to procure the IT infrastructure (Server, storage, bandwidth) and co-locate and host at BSNL DC. Please confirm our understanding.		Please refer to corrigendum-1
185	Call centre application/ Page 35	CRM system and the database will be hosted at BSNL Data Centre, for which hosting space will be made available by CHI. The responsibility of connectivity from BSNL data centre to bidder's location will be the responsibility of bidder.	Kindly advise if BSNL shall provide managed services for IT infrastructure hosting like Monitoring IT infrastructure through EMS tools, backup and restore services, network monitoring services, helpdesk services. Request you to please confirm.		Bidder to coordinate with BSNL
186	Scope of Work (Sec 6, Page # 29)	g) Bidder will frame a complete digital strategy for health sector engaging with citizens over various channels covering voice, email, chat, kiosks etc. self service options integrated with the Ministry portal. The channels will be used for both in-bound and out-bound communication. A case management system would be used to capture the details of citizens calling and keep a track of communication systems. A robust CRM is expected to be used that store millions of records.	1. Please clarify why is there a requirement for kiosks? 2. Please specify if the bidder is responsible for procurement and implementation of kiosks? 3. Please specify the locations and count of Kiosks that would be required?		Procurement of Kiosk is not under the scope of this projects. However, the system should able to integrate with Koisks of MoHFW
187	Pre Qualification Criteria (Section 4.1 ; Page 19) Table S. No. 1	Out of the above turnover, a minimum of Rupees 50 Crore should be from call centre operations, for each of last three financial years (i.e. 2016-2015, 2015-2014& 2014-2013).	We request the Department to widen the scope of this requirement and include BPO in the pre-qualification criteria i.e. "out of the above turnover, a minimum of Rupees 50 Crore should be from Call Center Operations OR Healthcare related BPO for each of last three financial years (i.e. 2016-2015, 2015-2014, 2014-2013)"		as per rfp
188	Pre Qualification Criteria (Section 4.1 ; Page 19) Table S. No. 2 Form 5 Page 80	The Bidder/consortium partner should Have at least 1000 Agents on payroll of the firm	We request the Department to widen the scope of this requirement and include BPO in the pre-qualification criteria i.e. "Bidder/ consortium partner should have at least 1000 Healthcare BPO agents on payroll of the firm "		as per rfp
189	Pre Qualification Criteria (Section 4.1 ; Page 20) Table S. No. 3	Bidder and Consortium partner should be a 100% owned company and registered Companies Act (1956) for a period of at least 5 years as on 31-3-2016. All other members in case of consortium, should be registered in India for a period of at least 3 years as on 31-3-2016	1. Request you to please elaborate the criteria "100% owned company" in terms of shareholding and other, as applicable. 2. We request you to allow non-India entities to bid as consortium as well i.e. All members of consortium should be registered in India/ Abroad.		as per rfp

REPLY TO PRE-BID QUERIES **10-November-2016**
DOC APPOINTMENT OF A CENTRALISED HELPDESK FOR DELIVERING REMOTE HEALTH ADVISORY AND INTERVENTION (Doctor on Call – DoC)

S. No.	RFP Document Reference(s) (Section & Page Number(s))	Content of RFP requiring Clarification(s)	Points of clarification	Reason	CHI Response
190	Pre Qualification Criteria (Section 4.1 ; Page 20) Table S. No. 7	Experience of bidder (prime bidder) in establishing, implementation of call centre technology and managing call centre operations of at least 100 seats on turnkey basis within the last 5 years in India or abroad. Relevant client certificate for establishing and managing call centre operations of at least 200 seats on turnkey basis within the last 5 years.	1. Request you to confirm if this requirement is for 100 Seats or 200 Seats. 2. We request changing this to " Experience of bidder (prime bidder including its associate/ affiliates/subsidiaries/sister concerns/parent entity in India and/or abroad) in establishing, implementation of call centre technology and manage call centre operations of at least 100 seats on turnkey basis with the last 5 years in India or abroad. OR "Experience of bidder (prime bidder including its associate/ affiliates/subsidiaries/sister concerns/parent entity in India and/or abroad) OR any consortium partner in establishing, implementation of call centre technology and manage call centre operations of at least 100 seats on turnkey basis with the last 5 years in India or abroad.		Please refer corrigendum-1
191	Pre Qualification Criteria (Section 4.1 ; Page 20) Table S. No. 9	The Bidder should have obtained an ISO 27001:2013 & ISO20000 certification	We are an ISO 9001, 27001, and CMMI SVC Level 3 certified company. We will leverage best practices from our past experience of managing call centre operations and large service delivery projects. We request you to amend the clause to include CMMI SVC Level 3 and revise the criteria to read " The Bidder (Prime Bidder) should have obtained an ISO 27001:2013 OR ISO 20000 OR CMMI SVC Level 3 certification.		Please refer corrigendum-1
192	Form 7 Call Center Operations Page 81	The Bidder should present its experience of running call centre operations for at least 3 years (2013-14, 2014-15, 2015-16) in India or Abroad	Request you to please amend the criteria to include " The Bidder / consortium partner should present its experience of running call centre operations for at least 3 years (2013-14, 2014-15, 2015-16) in India or Abroad for any legal entity operating in India or Abroad		as per RFP
193	Page 7 Important Dates for RFP	Last date and Time for bid submission	We request the Department to provide atleast 4 weeks of extension post issue of corrigendum and clarification to pre-bid queries.		Please refer corrigendum-1
194	Section 4.1 Pre-Qualification S.No 6 Page 20	The Bidder/ Consortium Partner providing BPO/ Call Centre services must have registered itself with Department of Telecommunication (DoT) / TRAI	We request the Department to allow the bidder to present an undertaking that the Bidder will register its BPO/ Call Centre services with DoT/ TRAI post award of contract. The Bidder shall share this undertaking along with the Bid.		as per rfp

REPLY TO PRE-BID QUERIES **10-November-2016**
DOC APPOINTMENT OF A CENTRALISED HELPDESK FOR DELIVERING REMOTE HEALTH ADVISORY AND INTERVENTION (Doctor on Call – DoC)

S. No.	RFP Document Reference(s) (Section & Page Number(s))	Content of RFP requiring Clarification(s)	Points of clarification	Reason	CHI Response
195	Page 66-Section 12	The number of members in a consortium shall not be more than two (2), i.e. one prime bidder and other consortium member.	Medical consultation Directory Information Services Counselling as a service Grievance Registration Mother & Child Tracking Systems (MCTS) Feedback of Central Schemes Tracking and Mapping of Emergency Diseases Integration with Telemedicine Centres. Most of these in India are being provided by Niche corporate Players in each segment and have attained maturity and efficiency in the services they offer and in the best interest of the Vision of the Tender involving there services would be prudent. Hence we request you to kindly consider increasing the number of Consortium partners to 3 or 4 at least.		Please refer corrigendum-1
196	8.2.2 Service Resolution Time Page 58	Sev 1 Resolution time is mentioned as 1 hour	The table states that, for a Period <2 Hours there is no associated Penalty whereas the SLA mentioned is 1 hour. Request you to please confirm.		Please refer corrigendum-1
197	8.2.5 Penalties for Delayed Implementation - Cap on Penalties Page 61	Cap on the quarterly penalty is fixed at 10% of the quarterly payout. With the overall cap being 20% of projected outflow. Projected outflow for the penalty calculation will be as follows	Projected outflow mentioned here is for the entire duration of 3 years (or 36 months). Please confirm our understanding?		20% overall Penalty(Build Phase and Operation Phase)
198	Annexure -2 Technical Bid (stage 2) page 86	The experience of bidder (any consortium member) in operating call centre in any language other than Hindi and English mentioned in the RFP within the last 5 years.	Can we provide examples of English language only as this is asking for experience in any Regional Language. Request you to please confirm. Our understanding is that the contract is extendable upto 4 Years with each extension comprising of 2 years each. Request you to please confirm.		as per RFP
199	Page no. 10, Section 2.1, Point (b)	The CHI reserves the right to extend the Term for a period or periods of up to 2 year with a maximum of 2 such extension or extensions on the same terms and conditions, subject to the CHI obligations at law.	Also we request you to change the clause "on same terms and conditions to "review the t&c's and mutually agree with the successful bidder".		Please refer corrigendum-1
200	Page no 15, Section 3.4.4	The Bidder are encouraged to include Medium and Small & Medium Enterprises (MSMEs) in the delivery of the project by Subcontracting or Outsourcing a certain value of the total contract.	What is the maximum percentage of the Total value that can be outsourced/sub-contracted to MSMEs? Request you to please clarify the term "Certain Value" in this statement.		as per the rules laid down by ministry of MSME
201	Page no 27, Section 6.1 (Detailed scope of work)	CHI at its discretion may ask the vendor to change the place of call centre. In this case the alternative space may be provided by the vendor within 15 days.	1. Is this clause applicable only during the Bid evaluation process or post award of the contract as well. Request you to please confirm. 2. We also request the Department to modify this clause to be discussed and mutual agreement or since the specification/guideline for office has been already provided by CHI , request you to delete this clause since change of place at short notice may cause bidder to arrange multiple approvals, other financial costs and it will be non-feasible to implement the same within stringent time-lines of 15days.		as per rfp
202	Page no 27, Section 6.1 (Detailed scope of work)	Bidder shall be responsible for integrating this centralized call centre with states where this service is already running in the same form or other	Request you to please let us know which other states are running similar kind of center as of now. What would be the anticipated integration architecture?		Please refer corrigendum-1

REPLY TO PRE-BID QUERIES **10-November-2016**
DOC APPOINTMENT OF A CENTRALISED HELPDESK FOR DELIVERING REMOTE HEALTH ADVISORY AND INTERVENTION (Doctor on Call – DoC)

S. No.	RFP Document Reference(s) (Section & Page Number(s))	Content of RFP requiring Clarification(s)	Points of clarification	Reason	CHI Response
203	Page no 29, Section 6.1.2	Following communication channels will be used for operations: a) All Inbound calling will be received on a toll free number and in no case wait time of the caller will be more than 60 sec. b) In case of text response/chat wait times should not be more than 90 sec	Wait time is dependent upon the call volume. The requirement is given for 500 seats. How will the bidder ensure that wait time doesn't increase if call volumes increase. Request you to please elaborate.		in case, if wait time is more than the prescribed limit. A message will be given to caller about the wait time. The number of the caller will be captured, a phone call will be arranged by the contact centre to caller as soon as the line cleared or on priority basis and process will be initiated.
204	Page no 29, Section 6.1.3	Go-Live of the setup will take place within 45 days of award of contract.	Request you to please increase the go - live timelines as the current time allocated is too short for such a large call centre setup		Please refer corrigendum-1
205	Page No. 35,Section 6.1.7 Sub-section h, Call centre Application	CRM system and the database will be hosted at BSNL Data Centre, for which hosting space will be made available by CHI.	We understand that the cost towards hosting the application at BSNL DC along-with the server/storage infrastructure will be borne by CHI. Request you to please confirm.		Please refer corrigendum-1
206	Section 5.5 Page 25 Performance Bank Guarantee	The CHI will require the selected bidder to provide a Performance Bank Guarantee, within 15 days from the Notification of award, for a value equivalent to 10% of the total cost of ownership. The Performance Guarantee should be valid for a period of entire project. The Performance Guarantee shall be kept valid till completion of the project and Warranty period. The Performance Guarantee shall contain a claim period of three months from the last date of validity.	We request to the Department to kindly consider the following changes: 1) Performance Bank Guarantee validation period to be till Project duration period only (36 Months) and the claim period to be a maximum of 30 days from the last day of validity.		as per RFP
207	Section 8.1 Page 57 Payment Term	The call centre payments will be paid on Quarterly basis after adjusting for penalty (if any) as per Call Centre Cost given by bidder. The Cost will be computed by multiplying the number of persons deployed every month (language wise& Domain wise) with that of cost of per person per month rate.	There are no details around the Payment days after Invoice is received by CHI. What is the number of days after invoice is received that payment would be due from CHI ? We request the payment term to be Quarterly Advance(Invoice to be raised at the Beginning of the Quarter) based on locked forecast and payment to be made by CHI within 30 days from the receipt of the Invoice.		as per RFP

REPLY TO PRE-BID QUERIES **10-November-2016**
DOC APPOINTMENT OF A CENTRALISED HELPDESK FOR DELIVERING REMOTE HEALTH ADVISORY AND INTERVENTION (Doctor on Call – DoC)

S. No.	RFP Document Reference(s) (Section & Page Number(s))	Content of RFP requiring Clarification(s)	Points of clarification	Reason	CHI Response
208	Section 8.2.5 Page 61 Cap on Penalties	Cap on the quarterly penalty is fixed at 10% of the quarterly payout. With the overall cap being 20% of projected outflow .Projected outflow for the penalty calculation will be as follows: Projected Outflow = FTE Cost per month * 100 * Number of months of Contact Centre operations FTE (Agent/Paramedic/doctor) Cost per month: FTE cost proposed by the successful bidder Number of months of Contact Centre operations: 36 months	We request the Department to provide clarity around the following - 1. Need clarity on the computation example : please give clarity on the example showing the Projected Outflow (what is 100 in the example - Is it number of FTE's and meant as an illustration only. 2. Will the FTE be only Agent/Paramedic and Doctor . 3. How is FTE Cost Calculated. Is it equal to sum of total FTE's Count in a month * fte price per month. i.e. (Number of Agents in a month * Per agent price per month)+ (Number of paramedics staff in a month * price of per paramedic per month) + (Number of Doctors in a month * price per doctor per month) 4. Is the Computation of Quarterly payout and Penalty value -- excluding the price of Quality Analyst,trainer,program manager 5. Please confirm what is the overall Cap on the SLA Penalty's (Is it capped at 20% of the Contract Value or Is it 10%)		Please refer corrigendum-1
209	Section 20 Page 70 Termination for Default	"In the event of CHI terminating the Contract in whole or in part, pursuant to above mentioned clause, CHI may procure, upon such terms and in such manner, as it deems appropriate, goods and services similar to those undelivered and the Bidder shall be liable to CHI for any excess costs incurred for procurement of such similar goods or services. However, the bidder shall continue performance of the Contract to the extent not terminated."	We request the Department to put a cap to the Cost that the Bidder would have to bear . Bidder shall be liable to CHI for any excess cost incurred for procurement of such similar goods or services subject to a cap		as per RFP
210	Section 22 Page 70 Termination for Convenience	Either party may, by 90 calendar days written notice sent to the other party, terminate the Contract, in whole or in part at any time of their convenience.	We request the Department and seek clarity if Bidder would be eligible for termination charges and if the following clause could be added " In case of termination for Convenience , CHI to pay all charges in respect of all the services performed till the actual date of termination, including any deferred cost "		As pe RFP
211	Annexure 3 Page 94		Can the Bidder modify the Format of the Annexure 3 to accommodate any additional Price category example Transition charges in year 1 or any other Onetime Charge		As per RFP
212	Annexure 3 Page 94		Can the Annexure 3 be shared in Excel format with formula's to bring more clarity. Also would request the Department to provide clarity on the Cost heads section 1 - Monthly cost - 1. Is it Monthly cost per resource or total monthly cost that needs to be provided. 2. Cost Head 12 - Is not clear - yearly cost is multiplied by no of resources (so need clarity if yearly cost per resource and average yearly resources count is to be provided)		Please refer corrigendum-1
213	Section 6.1.7 - Call Centre Infrastructure and Technology - Page 34	Data Center for Call Center Application	Request you to please let us know who will own and manage the data center operations like database, servers, storage, backups, monitoring system, etc.		bidder

REPLY TO PRE-BID QUERIES **10-November-2016**
DOC APPOINTMENT OF A CENTRALISED HELPDESK FOR DELIVERING REMOTE HEALTH ADVISORY AND INTERVENTION (Doctor on Call – DoC)

S. No.	RFP Document Reference(s) (Section & Page Number(s))	Content of RFP requiring Clarification(s)	Points of clarification	Reason	CHI Response
214	Section 6.1.7 - Call Centre Infrastructure and Technology - Page 34	Data Center for Call Center Application	If CHI (via BSNL) is going to own and manage the data center, please provide the template for sharing the hardware requirements.		Please refer corrigendum-1
215	Section 8.2. Service Level Requirements (SLR) and Penalties - Page 57	Service Disruption Incidents	Request you to please clarify if system unavailability will be accounted only for application and not due to data center unavailability.		Please refer corrigendum-1. bidder has to own the data centre infrastructure.
216	Section 6.1.8. Customer Relationship Management tool - Page 36	integration with other centralized healthcare systems	1. Please clarify the interfacing mechanisms for integrating other healthcare systems. 2. Kindly advice on details of health care systems and respective technology stack.		List of call centres will be provided in corrigendum-1. bidder is expected to study the contact centre.
217	Section 6.1.8 Self Service Portal - Page 37	National Health Portal – NHP (Self Service Portal for Citizens)	What is the expected total user count for Self Service Portal? How many con-current number of users are expected on Self Service Portal?		no details available.
218	Data Migration	Data Migration	Please provide the scope of data migration (If any)		Bidder to analyse
219	Mobile App	Mobile App	What is the expected total user count for Self Service Portal? How many con-current number of users are expected on Self Service Portal?		no details available.
220	Section 6.1.15. Monitoring and Reporting Page 51	Reporting	Kindly suggest the number of users for reporting.		
221	Page 29-Section 6.1.4	Diagnosis and prescription will be given only by a doctor.	On call Diagnosis is still not an accepted practice in India, please let us know who would be liable in the court of law for any incidence of Medical Negligence.		The purpose of the call is purely advisory services.
222	Page 31-Section f-6.1.4	Integration with existing Telemedicine Centre	Please confirm the existing law on acceptance of Digital Signatures and Teleconsultations in the court of law.		Telemedicine centres are not covered in this RFP
223	Page 28-Section 6.1	Designing of algorithms for solving various health issues & diseases.	Is it expected for the bidder to provide a framework in system to build various algorithms and the Client would add the clinical data using the algorithm and configure the disease specific algorithm. Please clarify as Configuring an Algorithm is a Multi-Specialty task which would involve multiple years of core clinical data analysis. Also who would provide Written acceptance of these Algorithms to "Go-Live" and Who would be liable in the court of law.		Design and development of Algorithm is under the scope of bidder. Acceptance of Algorithm will be provided by MoHFW/CHI
224	Section: 32. Rights reserved by CHI - Page 72, Sub clause "c"	CHI reserves the right to issue a fresh RFP for Call Centre Services at any time during the validity of the Contract period with the selected Bidder.	For the execution of this contract, substantial Capital Expenditure will be incurred by Service Provider selected for implementation of the Project. It is requested that "First Right of refusal" be extended to the selected bidder.		As per RFP
225	Section 29. Taxes and Duties and Annexure 3 - Price Schedule page 71 and 94	A) The Bidder has to quote the Service Tax, Swachh Bharat Cess and VAT in separate columns. B) In case of any variation (upward or down ward) in Service tax, VAT or any other tax quoted which has been included as part of the Commercial Bid, such variation will be borne by or passed on to CHI.	Price Schedule is to be provided by the bidder as per Format prescribed in Annexure 3. Given the said Format, only provides option for providing "Tax Percentage" and not the break up of individual taxes applicable, please clarify in what format should Bidder specify the break up of taxes as per instructions in Section 29. Taxes and Duties. Also, it is requested that the text "quoted which has been included as part of the Commercial Bid" be removed.		yes

REPLY TO PRE-BID QUERIES **10-November-2016**
DOC APPOINTMENT OF A CENTRALISED HELPDESK FOR DELIVERING REMOTE HEALTH ADVISORY AND INTERVENTION (Doctor on Call – DoC)

S. No.	RFP Document Reference(s) (Section & Page Number(s))	Content of RFP requiring Clarification(s)	Points of clarification	Reason	CHI Response
226	Section 25. Technological Advancements- Page 71	The bidder agrees to incorporate all changes relating to the facilities being offered, announced by them from time to time keeping in view the advancement in technology, shortcomings of the facilities and services made available to CHI and any changes required for improving the overall efficiency of the hosting facilities and services.	It is requested that advancement in technology and services made available to CHI and any changes required for improving the overall efficiency of the hosting facilities and services not specifically covered under the RFP Terms be treated as Change request		As per RFP
227	Section 21. Termination for Insolvency - Page 68	CHI may, at any time, terminate the Contract by giving 90 calendar days written notice to the Bidder, without any compensation to the Bidder,	It is suggested that the RFP to be updated to reflect that "All pending/in - process payments accrued to the Bidder on account of work completed by it, is to be paid to the Bidder"		As per RFP
228	Section 9. Acceptance Testing and Go Live Page 63	A) Before the start of acceptance testing, the successful bidder has to give the self-completion certificate along with details of work. B) A test run with all the agents (as committed by Bidder) on board will be carried out for week.	Please clarify the time required by CHI to form/appoint its Designated officials or Third Party with the expected timeline to conduct "Acceptance testing" & issue "Go-Live Certificate" post "Self completion Certificate" has been provided by Successful bidder		time will be shared with successful bidder
229	Section 8.1 Payment terms Page 57	Bidder shall submit all the reports as mutually agreed between CHI team and bidder, after respective period before the payment of that period. These reports may include but not limited to: -SLA Compliance Reports -Inbound call details -Outbound call details -Staffing related Report -Any other report as requested by CHI	Please clarify the scope of "Staffing related Report".		Staffing related reporting is required as per the best practices followed by the call centre agencies.
230	Section 8.2.1. Service Disruption Incidents: Page 57	Site Unavailability due to factors like application malfunction, site unavailability, mass absence of the staff etc.	Please clarify the "Site Unavailability " calculations shall exclude any unplanned event caused by "Force Majeure"		as per rfp
231	Section 8.2.2. Service Resolution Time : Page 58	If same incident happens for the second time in a rolling quarter (last 90 calendar days) then the penalties would start from the moment the incident was identified.	In case an incident gets repeated in a rolling quarter, the resolution time as defined in RFP , " Sev 1 - 1 Hours, Sev 2 - 4 Hours and Sev -3 - 24 Hours" will be applied while calculating for penalties. Please confirm		as per rfp
232	Section 8.2.3.1. Identified Parameters : Page 59	Occupancy Ratio for agents Definition: Average utilization time of the agents on a monthly basis	It is suggested that given the quantum of incoming calls (Dependent on usage of service by Citizen) and Outgoing calls(Dependent on inputs/ programs run by CHI) are parameters beyond the control of bidder, the parameter "Occupancy Ratio for agents" be kept outside the penalty regime and to be moved to 8.2.3.3. Other Parameters for tracking purpose only.		As per RFP
233	6.1 Detailed Scope of Work / Page 27	Integration with State call centre for transfer of call & existing telemedicine centre Bidder shall be responsible for integrating this centralized call centre with states where this service is already running in the same form or other	We understand that there will call transfer from national call center to state call center. Is there any network connectivity envisaged between call centers or it will be call transfer on PSTN network only. What is the integration on network level that needs to be done. Request you to please confirm.		Bidder to suggest the best solution in the bid for evaluation.
234	6.1 Detailed Scope of Work / Page 27	Bidder shall leverage the toll free number 1075 owned by MoHFW/CHI and bidder will be responsible to transfer the same at the end of the contract. However, the arrangement of PRI lines as per capacity will be arranged by the bidder.	We understand that 1075 shall be provided by CHI and shall remain in CHI name during the duration of the contract. The cost for toll free no. rental and inbound calls shall be responsibility of department. Request you to please confirm		1075 is the property of MoHFW/CHI however rent of the same is to be taken by the bidder.

REPLY TO PRE-BID QUERIES **10-November-2016**
DOC APPOINTMENT OF A CENTRALISED HELPDESK FOR DELIVERING REMOTE HEALTH ADVISORY AND INTERVENTION (Doctor on Call – DoC)

S. No.	RFP Document Reference(s) (Section & Page Number(s))	Content of RFP requiring Clarification(s)	Points of clarification	Reason	CHI Response
235	Page 34	Text – to – speech capability must be supported for multiple languages including English and Hindi	Does SI need to provide TTS functionality for Hindi and English. Or Is CHI looking for feature support only for future implementation. Kindly advise which other regional languages must be supported for Text-to-speech.		initially in 90 days English and Hindi functionality is required then in next 3 months provision shall be made to use all local languages as mentioned in RFP for text to speech.
236	Call centre application/ Page 35	CRM system and the database will be hosted at BSNL Data Centre, for which hosting space will be made available by CHI. The responsibility of connectivity from BSNL data centre to bidder's location will be the responsibility of bidder.	We understand that BSNL shall provide the data center hosting (including rack space, UPS power, cooling etc.) as per requirements and HSP need to procure the IT infrastructure (Server, storage, bandwidth) and co-locate and host at BSNL DC. Please confirm our understanding.		Please Refer corrigendum -1
237	Customer Relationship Management tool/ Page 36	The system should provide virtual contact centre functionality, so that agents can be geographically dispersed	We understand that call center shall be centralized. Please clarify the scope for "agents can be geographically dispersed".		bidder may suggest centralised location or may divide the call centre into max 4 locations within India.
238	6.1 Detailed Scope of Work / Page 27	Network Connectivity (MPLS) (between Call Centre and DR)	Does the HSP need to provide disaster recovery. Kindly advise on the RPO (Recovery Point Objective) and RTO (Recovery Time Objective) requirements. Can HSP provide Lease line or is it mandatory to provide MPLS line		Bidder to give solution at the time of bid. If the bidder is choosing multiple location for call centre then one place will act as a DC and other is DR of the same site. It is expected that 25% of the capacity of DC will run in DR.
239	6.1 Detailed Scope of Work / Page 27	Call Volume	Please advise on the total estimated call volume for inbound/outbound on monthly/yearly basis. What shall be Year on Year growth trend.		no Details available
240	6.1 Detailed Scope of Work / Page 27	SMS Gateway	We assume HSP need to provide the integration with SMS GW. The cost for SMS shall be borne by the department on actual basis. Request you to please confirm In case, HSP needs to include SMS cost, kindly advise on the estimate SMS volume on monthly/yearly basis.		All the cost related to SMS gateway and other expenditure will have to be borne by the bidder.
241	6.1 Detailed Scope of Work / Page 27	Email Functionality	Kindly advise on the no. of users for Email, mail box size.		email functionality is required for all agents.
242	6.1 Detailed Scope of Work / Page 27	Call center Infrastructure	Please advise on the Infrastructure uptime SLA		RFP SLA will govern
243	6.1 Detailed Scope of Work / Page 27	Call center Infrastructure	Please advise on the IT infrastructure ownership. We assume ownership for IT infra (HW and SW) shall be in the name of CHI/NIHFW. Request you to please confirm.		ALL infra related to Call centre excluding CRM will be property of Call centre vendor/bidder.
244	6.1 Detailed Scope of Work / Page 27	Call center Infrastructure	Kindly advise if HSP can propose call center solution over cloud? Request you to please confirm.		yes
245	6.1 Detailed Scope of Work / Page 27	Call center Infrastructure	Kindly advise on the minimum technical specification for server, storage, backup, router, switches etc. to be hosted at BSNL DC. Request you to please confirm.		bidder to analyse the requirement and suggest the requirement keeping undistrupted & Quality of service
246	General	General	Can the bidder provide compute on virtual machines or HSP need to provide dedicated hardware/software for the project and host the IT infrastructure at BSNL DC. Request you to please confirm.		yes

REPLY TO PRE-BID QUERIES **10-November-2016**
DOC APPOINTMENT OF A CENTRALISED HELPDESK FOR DELIVERING REMOTE HEALTH ADVISORY AND INTERVENTION (Doctor on Call – DoC)

S. No.	RFP Document Reference(s) (Section & Page Number(s))	Content of RFP requiring Clarification(s)	Points of clarification	Reason	CHI Response
247	Call centre application/ Page 35	CRM system and the database will be hosted at BSNL Data Centre, for which hosting space will be made available by CHI. The responsibility of connectivity from BSNL data centre to bidder's location will be the responsibility of bidder.	Kindly advise if BSNL shall provide managed services for IT infrastructure hosting like Monitoring IT infrastructure through EMS tools, backup and restore services, network monitoring services, helpdesk services. Request you to please confirm.		Bidder to coordinate with BSNL
248	Earnest Money Deposit Section 3.4.3 (b) , page 15	EMD of all unsuccessful bidders would be refunded by CHI within 30 days of the bidder being notified as being unsuccessful. The EMD, for the amount mentioned above, of successful bidder would be returned upon submission of Performance Bank Guarantee as per the format provided in Appendix III.	Request you to clarify the time period by which CHI shall notify unsuccessful bidder post award to the successful bidder.		As per RFP
249	Performance Guarantee Section 5.5 , page 25	The CHI will require the selected bidder to provide a Performance Bank Guarantee, within 15 days from the Notification of award, for a value equivalent to 10% of the total cost of ownership. The Performance Guarantee should be valid for a period of entire project. The Performance Guarantee shall be kept valid till completion of the project and Warranty period. The Performance Guarantee shall contain a claim period of three months from the last date of validity. The selected bidder shall be responsible for extending the validity date and claim period of the Performance Guarantee as and when it is due on account of non-completion of the project and Warranty period. In case the selected bidder fails to submit performance guarantee within the time stipulated, the CHI at its discretion may cancel the order placed on the selected bidder without giving any notice. CHI shall invoke the performance guarantee in case the selected Vendor fails to discharge their contractual obligations during the period or CHI incurs any loss due to Vendor's negligence in carrying out the project implementation as per the agreed terms & conditions.	1. Request you to confirm, if the total cost of ownership is equivalent to the contract price or are there more details to it. 2. Since warranty period has not been defined under RFP, please confirm the details of warranty period. Also, please specify the scope of warranties as has been mentioned under this clause.		Yes. The Warranty/support will be for entire duration of contract.
250	Repeat Order Section 5.9, page 26	CHI at its discretion may place Repeat Orders for additional quantities based on its requirements during the tenure of the Contract.	1. Request you to confirm, if there is any % capping on the repeat order. 2. In order to meet repeat order, it will require additional time and effort, how will the cost for " repeat order" be calculated i.e., cost price submitted in the bid or as per the prevailing market price?		There is no capping in repeat order.
251	Payments terms Section 8.1, page 57	The call center payments will be paid on Quarterly basis after adjusting for penalty (if any) as per Call Centre Cost given by bidder. The Cost will be computed by multiplying the number of persons deployed every month (language wise & Domain wise) with that of cost of per person per month rate.	Please clarify, post submission of the invoices by the bidder, within how many days due payment will be processed by CHI.		Payments will be made on best possible time period.
252	Overall Liability of the Bidder Section 8.2.6 , page 62	The bidder's aggregate liability in connection with obligations undertaken as a part of the project regardless of the form or nature of the action giving rise to such liability (whether in contract, tort or otherwise), shall be at actuals.	Since bidder's economic interest in the project is limited , we would request the Department to clarify on the aggregate cumulative liability of the bidder.		As per RFP

REPLY TO PRE-BID QUERIES **10-November-2016**
DOC APPOINTMENT OF A CENTRALISED HELPDESK FOR DELIVERING REMOTE HEALTH ADVISORY AND INTERVENTION (Doctor on Call – DoC)

S. No.	RFP Document Reference(s) (Section & Page Number(s))	Content of RFP requiring Clarification(s)	Points of clarification	Reason	CHI Response
253	Termination for Default Section 20, page 70	CHI may, without prejudice to any other remedy for breach of contract, by 90 calendar days written notice of default sent to the SP, terminate the Contract in whole or in part: a) If the Bidder fails to deliver any or all of the Solution and services within the time period(s) specified in the Contract, or any extension thereof granted by CHI; or b) If the Bidder fails to perform any other obligation(s) under the Contract. In the event of CHI terminating the Contract in whole or in part, pursuant to above mentioned clause, CHI may procure, upon such terms and in such manner, as it deems appropriate, goods and services similar to those undelivered and the Bidder shall be liable to CHI for any excess costs incurred for procurement of such similar goods or services. However, the bidder shall continue performance of the Contract to the extent not terminated.	Request to please clarify, if 90 calendar days written notice will include the bidder's defect cure period or it will be separate and prior to serving notice under this clause.		As per RFP
254	Project Background (Sec 2.2, Page # 11)	Firstly the registration of the patient will be done, where AADHAR number will also be taken along with mobile number and email. This AADHAR number will help maintain a call history as well as the case history of the patient which can help in better understanding of the patient.	1. Please clarify if AADHAR number is mandatory? 2. In case a person does not have AADHAR number which other alternate IDs can be accepted?		Aadhar is required. Alternate Govt. approved IDs may be accepted in case of unavailability of Aadhar.
255	Scope of Work (Sec 6, Page # 29)	d) In case citizen is looking for a specific program run in a state or centre the call should be directly transferred to that number.	1. Please clarify if the state health helplines can transfer the call as well? 2. Is there any integration in scope between state health helplines? 3. If Yes, please specify which State Health Helpline needs to be integrated? 4. We assume that agency's responsibility is limited to call transfer only. Further tracking and monitoring will be handled by respective State Health Helplines or programs. Please confirm.		Please refer to corrigendum-1
256	Scope of Work (Sec 6, Page # 29)	g) Bidder will frame a complete digital strategy for health sector engaging with citizens over various channels covering voice, email, chat, kiosks etc. self service options integrated with the Ministry portal. The channels will be used for both in-bound and out-bound communication. A case management system would be used to capture the details of citizens calling and keep a track of communication systems. A robust CRM is expected to be used that store millions of records.	1. Please clarify why is there a requirement for kiosks? 2. Please specify if the bidder is responsible for procurement and implementation of kiosks? 3. Please specify the locations and count of Kiosks that would be required?		Procurement of Kiosk is not under the scope of this projects. However, the system should be able to integrate with Koisks of MoHFW
257	Services Provided by Call Centre (6.1.4, Page # 29-30),	Services provided by Call Centre Medical Consultation & Counselling Directory Information Services ASHA Connect & Mother & Child Tracking System (MCTS) Public Grievance & Feedback Tracking & Mapping Integration with existing Telemedicine Centre	1. All requirements are open ended in nature. Please specify the scope of work with project roadmap for estimation of effort.		As per RFP
258	Services Provided by Call Centre (6.1.4, Page # 29-30), a- Medical Consultation and Counseling	On the choice of the caller and gravity of the situation, ASHA/ANM can also be notified by a message to call back the caller to continuously monitor the situation.	1. Is the bidder supposed to maintain the database of ASHA/ANM for every region? Please confirm. 2. If yes, Who is responsible for providing the master data for ASHA/ANM?		yes. CHI will share the database of Asha/ANM

REPLY TO PRE-BID QUERIES **10-November-2016**
DOC APPOINTMENT OF A CENTRALISED HELPDESK FOR DELIVERING REMOTE HEALTH ADVISORY AND INTERVENTION (Doctor on Call – DoC)

S. No.	RFP Document Reference(s) (Section & Page Number(s))	Content of RFP requiring Clarification(s)	Points of clarification	Reason	CHI Response
259	Services Provided by Call Centre (6.1.4, Page # 39), b- Directory Information Services	Here the caller can ask for information on the nearest government hospital, PHC, CHC and the facilities being provided by them. It can again be linked with GPS for mobile application and NHP page. The phone number of the Head doctor of PHC and CHC will also be SMS to the caller on request. The details of the patient on request of the patient can be forwarded to the ASHA or ANM, which can be further followed up.	1. Please clarify who is responsible for the master data? We assume that all the data will be provided in specified formats by CHI. Please confirm.		yes
260	Services Provided by Call Centre (6.1.4, Page # 30), c- ASHA Connect & Mother & Child Tracking System (MCTS)	The MCTFC can be linked to our helpline where in MCTS i.e. mother and child tracking system a series of interaction with the mother before and after delivery giving her a full informative account on the nutritional care she needs to take of herself, her child, vaccinations required etc.	1. Is there a need for integration with MCTS? 2. We assume that CHI will provide MCTS beneficiary data periodically for the stated purpose. Please confirm		yes
261	Services Provided by Call Centre (6.1.4, Page # 30 and 31), d- Public Grievance and Feedback	These complaints will be tracked and regular reports will be compiled by the call centre to give an idea of the quality of health services being provided all over the country. These reports will be regularly examined and will be sent to the states as well.	1. Please specify the workflow for grievance resolution/closure. 2. We assume that this service will enable only gathering of complaints to have an idea of quality of service. Please confirm.		Workflow for grievance will be mutually finalized with successful bidder
262	Services Provided by Call Centre (6.1.4, Page # 31), e-Integration with existing Telemedicine Centre	The doctor may refer the patient to nearby Hospital or Government Health care facility for in-person services where telemedicine facility is available. Once the patient is referred by the Doctor, the patient visits the nearby facility and would have the option to connect to Doctor utilizing Tele-Medicine solution with assistance from health paramedics/ANM/ASHAs at centre. This existing telemedicine centres will be integrated with D.O.C in phase-2.	1. Please specify the scope of Telemedicine solution? 2. Please specify the location and count of Telemedicine Centres which will be integrated? 3. We assume tele-medicine facility will be used only for second opinion only. Please confirm. 4. We assume that our solution will have the integration capability with other Telemedicine centres however, integration effort will be a mutual activity. Please confirm.		Telemedicine centres are not covered in this RFP
263	General	General	1. Please specify which external systems need to be integrated/interfaced with DoC Application		As of now, not required. But, the system should have capability to integrate with other system without involving any cost.
264	Section 4.2 Technical Qualification Criteria (Stage-2) Page 21	Evaluation of experience of managing Call Centers in India/abroad	We request consideration of following change. For furnishing relevant experience certificate of managing Call Centres in India/abroad under all items in 4.2.1, Bidder may also use credentials of its associate/ affiliates/subsidiaries/sister concern/ parent entity (India and/or overseas). OR For furnishing relevant experience certificate of managing Call Centres in India/abroad under all items in 4.2.1, Bidder OR any consortium partner may also use credentials of its associate/ affiliates/subsidiaries/sister concern/ parent entity (India and/or overseas).		As per RFP

REPLY TO PRE-BID QUERIES **10-November-2016**
DOC APPOINTMENT OF A CENTRALISED HELPDESK FOR DELIVERING REMOTE HEALTH ADVISORY AND INTERVENTION (Doctor on Call – DoC)

S. No.	RFP Document Reference(s) (Section & Page Number(s))	Content of RFP requiring Clarification(s)	Points of clarification	Reason	CHI Response
265	Section 4.2 Technical Qualification Criteria (Stage-2) Page 21	Relevant Experience in implementation & Data ware housing and analytics (breakup in table 4.2.1)	We request consideration of following change. For furnishing relevant experience certificate in implementation & Data warehousing and analytics in India/abroad under all items in 4.2.1, Bidder may also use credentials of its associates/ affiliates/subsidiaries/sister concern/ parent entity (India and/or overseas). OR For furnishing relevant experience certificate in implementation & Data warehousing and analytics in India/abroad under all items in 4.2.1, Bidder OR any consortium partner may also use credentials of its associates/ affiliates/subsidiaries/sister concern/ parent entity (India and/or overseas).		As per RFP
266	Section 4.2 Technical Qualification Criteria (Stage-2) Page 21	3 CRM implementations and Completeness of the CRM solution proposed supported by relevant proofs and documents such as work order/client certificates etc.	We request consideration of following change. For furnishing relevant experience proof in CRM implementations & Completeness of the CRM solution proposed in India/abroad, Bidder may also use credentials of its associates/ affiliates/subsidiaries/sister concern/ parent entity (India and/or overseas). OR For furnishing relevant experience proof in CRM implementations & Completeness of the CRM solution proposed in India/abroad, Bidder OR any consortium partner may also use credentials of its associates/ affiliates/subsidiaries/sister concern/ parent entity (India and/or overseas).		As per RFP
267	Annexure 2 page 86	Ask for work order documentary proof	We generally have SoW document (statement of work) that runs into 50-100 pages. It will not be possible to share Would you be okay if we fill the format table that is given in annexure 2 and get it client approved over mail and submit the same along with client mail. These clients are multinationals and based in various countries.		As per RFP
268	Important dates – Table Page no 7	Dates extension for final bid submission -	RFP is complex. There are multiple components to it – Pan India Help desk design, language, resources, IT set up By the time answers come – it will be week of 7 th November. It is very difficult to weave a robust solution in just 1-2 days and create commercials also. Hence we request the RFP submission timeline be extended by at least 1 week i.e. submission by 18 th November 2016		Please refer corrigendum-1
269	EMD amount – page 8	Amount asked is 5.86 Crore	It is quite a high amount. Request to reduce it to reasonable level – around 1 Crore		as per RFP
270	Phase 1 – last bullet point on page 10	Self-service portal - There will be two platform – NHP and Mobile app – where people can put their query and these will be answered.	Who will answer these? It is vendors in scope work? Can we assume that it will be answered via call or on through some other media?		Call centre vendor. Answer can be in text mode or call made depends upon the choice of caller/requester.
271	Section 3.4.4 page 15	Inclusion of MSME in Project Delivery –	What is this? What is that CHI wants here – what kind of work that you expect to be subcontracted?		Please refer guidelines/rules of Ministry of MSME

REPLY TO PRE-BID QUERIES **10-November-2016**
DOC APPOINTMENT OF A CENTRALISED HELPDESK FOR DELIVERING REMOTE HEALTH ADVISORY AND INTERVENTION (Doctor on Call – DoC)

S. No.	RFP Document Reference(s) (Section & Page Number(s))	Content of RFP requiring Clarification(s)	Points of clarification	Reason	CHI Response
			What are the benefits?		
272	Section 4.1 PQ Criteria Page 19 and 20	Ask for Company Financials	Ours is Private Limited Company – registered in India and working in India for past more than decade – with a scale of 40000 staff + Pan India. We are part of Global organization and all financial reporting in public domain happens at a group level – under the financial reporting as needed for any public listed company. We generally do not do public reporting at country level. Is it okay if we provide financials at group level? Or would you insist for Country financials only i.e. India entity financials?		its for entity who is applying for the tender whether it is Indian or global.
273	Section 4.1 PQ Criteria Page 20	Point no 7	1) How many such client certificates you want? 2) Ours are mostly private sector and large MNC as clients – across all industries such as Banking, Financial Services, Health, Telecom, Auto, Travel, airline etc. are you okay if we give certificates from these clients 3) Lol and contracts are confidential documents. Clients also (some of them) hesitate to share any letter. Is it okay if we submit self -certified copy and later on arrange a reference call with client with yourselves?		Please refer RFP.
274	Section 3.4.5 – Bullet H – page 15	All pages to be signed	Entire bid may run in several hundred pages. Are you okay waiving off signing on each pages by authorized signatory? We can give a cover letter – written and signed by authorized signatory – wherein he gives all details of what we are submitting – no of pages etc. each pages will be stamped though and initialed by company’s single point of contact person.		as per RFP
275	Section 4.2.1 Page 22	Relevant experience	What documentary proof you need? Will case studies do as documentary proof?		As per RFP
276	Section 4.2.2 page 22	Completeness of solution proposed	You have listed several items as part of solution proposed. The format given in annexure 2 – is not exactly aligned to the entire solution approach that is done for contact center. Can we choose to give in PPT or word format covering all details as listed above? Any preference between PPT or MS word?		in MS word
277	Section 4.2.2. page 22	Completeness of solution Designing the Algorithms for medical consultation	What do you want to see in solution? Because actual algorithm or even a prototype will be developed in implementation phase. As of now we can give high level approach. How and where it will be done? Any case study of similar work done in past.		as per RFP. Please refer corrigendum-1 for states where this type of solution is running.
278	Section 5.5 – page 25	Performance guarantee	2 questions: 1) Once PBG comes in force – post contract – will the EMD be returned before that? 2) Can the PBG be kept same as EMD amount? 10% is too high and we may struggle to get management approval.		EMD will be returned after submission of PBG yes

REPLY TO PRE-BID QUERIES **10-November-2016**
DOC APPOINTMENT OF A CENTRALISED HELPDESK FOR DELIVERING REMOTE HEALTH ADVISORY AND INTERVENTION (Doctor on Call – DoC)

S. No.	RFP Document Reference(s) (Section & Page Number(s))	Content of RFP requiring Clarification(s)	Points of clarification	Reason	CHI Response
279	Section 5.6 page 26	Signing of contract – says draft contract template is provided.	Can you share a copy with us so that we can get it legal vetted right away and come back with any deviation request now.		will share with successful bidder. The contract will be based purely on RFP
280	Section 6 page 27	Scope of work – Headcount Number	1) For now we are assuming FTE Number per shift given in page 48 (483 HC) + ½ of above number for second shift (241 HC). That will come about 724 HC in total for overall shift.		Please refer corrigendum-1
		We understand there is going to 500 seats initially divided into – Inbound and Outbound. You have given language bifurcation also.	2) Please understand that above is total HC number – some of which may be absent due to leave, weekly off etc. So at any point of time – not necessarily same number shall be on floor at all times; it will be less. Trust that is fine by CHI. and we shall be sharing our leave working hour, annual leave policy with CHI as part of our solution. If in case mandatory to have exact number on floor per shift then – we will have to plan buffer headcount accounting for leave, weekly offs, absenteeism etc. and that will jack up the number of headcount. Kindly tell us your view?		bidder has to make arrangement in such a way tha all seats will be occupied and functioning.
			3) Kindly bifurcate voice FTE into % Inbound and % outbound?		Please refer corrigendum-1
			4) Can you please share the HC computation basis which you arrived at number given in RFP? What were the assumptions taken?		based on the study of different sstates.
281	Table on page 33	Language split percent	The percent figure is wrong. It adds to more than 100%. Kindly give correct percent figure.		as per RFP.
282	Section 6.1.1 and page 29	Point f	Dissemination of proactive message in a broadcast manner –		
			1) Who will give these advisory messages?		MoHFW/CHI
			2) Is vendor expected to disseminate this through – mass mailers, IVR led broadcast of prerecorded message and social media		yes
			3) Does it mean social media and e-mail blaster and IVR blaster in scope also?		yes
283	Section 6.1.1 and page 29	Point G – digital strategy	Are you expecting portal and content management also in scope? Can you be please more specific – what exactly you need under digital strategy – under the current scope? So that we include it correctly.		Digital strategy may be proposed by the bidder during presentation which covers voice, email, chat and any other medium.
284	Annexure 3 page 94	Commercial table	Development of algorithm for diagnostic will be an independent exercise. We need to do scoping in close consultation with CHI Team. We may use our partner entity to do the development work.		yes
			Can the development of diagnostic algorithm be a pass through cost? On actuals.		no, it will be included in total seat cost.
			Goes without saying that we shall indicate the cost along with the bid as separate item for your budgeting purposes?		no
285	Section 6.1.4 – page 30	Point B	We are of understanding that SMS and text sending feature has to be there as part of contact center CRM. Is this understanding correct? So that we will ensure that this feature is there in CRM		yes

REPLY TO PRE-BID QUERIES **10-November-2016**
DOC APPOINTMENT OF A CENTRALISED HELPDESK FOR DELIVERING REMOTE HEALTH ADVISORY AND INTERVENTION (Doctor on Call – DoC)

S. No.	RFP Document Reference(s) (Section & Page Number(s))	Content of RFP requiring Clarification(s)	Points of clarification	Reason	CHI Response
286	Section 6.1.7 – page 34	Point F - IVR	1) Our understanding of the IVR requirement is that is an advanced call selection/call routing mechanism with many imminent must have features and future expected feature enhancement capabilities. There is no self-service here on IVR. IVR does not integrate with any system where a calling customer can complete transaction without speaking to a CSA. Is this understanding correct?		yes
			2) We are expected to bring IVR, implement it, design tree structure and manage it going ahead? Is this understanding correct?		yes
			3) Are these features must have on day 1 or are they good to have feature for future?		
			a. Speech recognition for multiple languages		
			b. Text to speech capability		
			c. IVR broadcast of advisory messages		
			4) Please know that a basic call tree can be made on ACD itself – with language selection features, call announcement etc. You may not need a sophisticated IVR – as a separate standalone tool investment. Basis our understanding – of the day 1 – requirement – we feel an ACD based language selection tree and call announcement should be just fine.		
287	Section 6.1.7 – page 34	Point G	1) Kindly explain what is this about integration with CHI's core system?		This is talking about CRM integration with NHP and MoHFW portal
			2) What integration we are talking about?		
			3) Is it integration between CRM and National Health Portal?		
			4) Is this required day 1?		
288	Section 6.1.8	CRM	1) Our understanding is that CRM should be on premise solution – not cloud based? Is this correct?		yes
	Page 36		2) When we look at CRM – and we understand the holistic capability required – from now till future. We are of understanding that CRM tool should be versatile and at any point of time – whatever new features needed, should be able to bring in that. Not necessarily we need all features on day 1. Our understanding on day 1 it should have features to support customer data, case management, reporting, integration with ACD, dialer, Knowledge management, SMS triggering etc. Is this correct understanding?		As per RFP

REPLY TO PRE-BID QUERIES **10-November-2016**
DOC APPOINTMENT OF A CENTRALISED HELPDESK FOR DELIVERING REMOTE HEALTH ADVISORY AND INTERVENTION (Doctor on Call – DoC)

S. No.	RFP Document Reference(s) (Section & Page Number(s))	Content of RFP requiring Clarification(s)	Points of clarification	Reason	CHI Response
289	Page 37	Self service	We are assuming we are talking about knowledge management, FAQ that will be created for CSAs, same shall be extended over to National Health Portal. Where any person who creates his own login id password etc – can use this knowledge management content for self-service? Is this correct understanding?		yes
290	Section 6.1.11 page 47	Resource qualification	<p>We want to state practical problem. Basic FTE / agent number is no problem at all. We can get it easily. Problem starts when we look at Paramedic, doctorial staff. At the end of the day BPO may not a preferred career destination for a qualified doctor, medical professional or even a qualified paramedic. Preference and inclination is more to do own practice, or associate with some hospitals, clinics. And demand of such professionals are high when already country is struggling with per capital medical professional coverage. Also the best of the lot – those from good colleges – may not prefer BPO as career destination. In that case – one has to bank of 2nd rung college pass outs – or those who have struggled with career. Basically compromise lot. Even for these lot – as experience comes – they become sellable in market. Net net – we feel getting talent will be daunting task, it will be slow, we may need to take people with less experience or Fresh MBBS, BDA etc or even offer lucrative wages to entice them to BPO.</p> <p>Would CHI be cognizant to these market realities and willing to provide some remission – especially in terms of experience? We will need to take some freshers.</p>		As per RFP
291	Section 4.2.1 page 22	Relevant experience in data warehousing and analytics	<p>There is score of 20 here.</p> <p>1) Please tell us what kind of case studies, documentary evidence you need? We have established analytics practice that does multitude of activities –data management, reporting, advance predictive modelling, various analytics related to marketing, operations sales, customer experience, risk scoring etc. There are numerous such examples. Would you be okay if we give case studies related to this? Or are you looking at specific case study wherein we have developed a diagnostic tool for any healthcare / other client. Kindly clarify. There is a practical problem (due to confidentiality agreement) – not all clients will be willing to share contract or letters. Yes, they will be willing to give reference over phone.</p> <p>2) What do you need as documentary proof? Do you need letter from client that we have done this project? Or are you okay if we submit self-certified detailed case study?</p>		as per RFP

REPLY TO PRE-BID QUERIES **10-November-2016**
DOC APPOINTMENT OF A CENTRALISED HELPDESK FOR DELIVERING REMOTE HEALTH ADVISORY AND INTERVENTION (Doctor on Call – DoC)

S. No.	RFP Document Reference(s) (Section & Page Number(s))	Content of RFP requiring Clarification(s)	Points of clarification	Reason	CHI Response
			3) How many proof document we are expected to submit?		
292	Section 4.2 page 21	Point no 4 _ Relevant experience CRM solution	<p>What documentary evidence is needed here? There is a format given in annexure 2. If we give that duly filled and self-certified – will that be acceptable? Or Are you wanting for the same table to be signed by client for whom we have done the work? Please advise us.</p> <p>We have a practical problem. Due to confidentiality agreement) – not all clients will be willing to share contract or letters. Yes, they will be willing to give reference over phone.</p>		as per RFP
293	Section 6.1.3 page 29	Go live in 45 days	<p>There is practical problem that you need to understand. Go live is dependent upon not just manpower and set up. There is basis two asks – 1) having a CRM in place 2) having diagnostic tool in place 3) having a knowledge management – at least a basic module in place. Resources has to be trained on these tools first before they can be put in live environment to take calls. And these have to be developed; even if we were to bring in a highly customizable tool from off the shelf product. Still the content, design development time can be lot higher than 45 days. Hence a better approach would be:</p> <p>1) 45 days post CRM, KM and Algorithm is in place</p>		Please Refer corrigendum -1
294	Section 6.1.8 page 41	Last bullet point of section 6.1.8 in page 41 - CRM License	<p>You have written CRM License shall be in name of CHI. Which is great. In that case we assume CRM contract from its vendor can be directly done with CHI. Goes without saying that we remain responsible for it? Can we then make the CRM cost directly pass through to CHI? And not load/include in our price. This way I will not have to load any margins on my vendor's cost. This is commercially beneficial to CHI.</p> <p>Goes without saying that we will give you cost figure for planning purposes.</p>		no, as per RFP
295	Section 6.4 page 53	Roles and Responsibilities	<p>There are some cost items that we will be buying from a 3rd party vendor – examples being MPLS Line, PRI Line etc. Is it okay if we pass through these costs on actuals with CHI. We do not want to load these on our FTE cost. Because for no reason – a margin gets applied on this cost. It is prudent and commercially sensible that we keep this as separate and pass through on actuals cost.</p> <p>Goes without saying that we will give you cost figure for planning purposes.</p>		all cost will be included into seat cost. No separate line item will be accepted.

REPLY TO PRE-BID QUERIES **10-November-2016**
DOC APPOINTMENT OF A CENTRALISED HELPDESK FOR DELIVERING REMOTE HEALTH ADVISORY AND INTERVENTION (Doctor on Call – DoC)

S. No.	RFP Document Reference(s) (Section & Page Number(s))	Content of RFP requiring Clarification(s)	Points of clarification	Reason	CHI Response
296	Section 8.1 page 57	Payment term	<p>Quarterly payment term is very harsh for us. It is difficult to afford. Most cost is variable. We pay our employees, vendors and all monthly costs. Timely payment is important for our business operation. Our standard payment term is monthly in arrear – within 30 days of invoice submission. Before invoice submission we submit Advise to bill – with all necessary documentations. After client approves ACB, we raise invoice. And expect payment in same month within 30 days max.</p> <p>We will request for same term.</p> <p>Quarterly payment will not be acceptable. We will need to apply interest for the delayed payment.</p>		as per RFP
297	Section 8.2.3.2 page 60 and 61	Service level targets	<p>Service level meeting is outcome of few factors:</p> <ol style="list-style-type: none"> 1) Right forecasting and hence right capacity planning – based on Volume, handle time, call arrival pattern, Service level expectation and per resource productivity. 2) Right scheduling of resources 3) Shrinkage management <p>CHI has fixed the manpower. At least in RFP stage. The given manpower (as in RFP) would be outcome of an X Volume, Y AHT (handle time), a certain arrival pattern and Service level desired.</p> <p>As of now we do not know if this manpower is right for the SL Given. We are fine meeting the service level expectation. However we need to baseline all inputs i.e. Volume, handle time, SL performance etc and then we can fine tune the capacity plan, get it signed off with CHI. In fact all SL Metrics shall be baseline in first 90 days post go live.</p>		accepted
298	Section 8.2.5 page 61	Capping on penalty	We do not have appetite to take 20% penalty. Maximum capping acceptable to us is 10% of the monthly invoice value.		as per RFP
299	Page 72	Limitation of Liability	Our position - Cumulative liability shall not exceed 12 months of invoice value. We cannot afford 36 months' worth of liability.		as per RFP
			<ol style="list-style-type: none"> 1. Is there any preference of site that CHI has in mind? Or are you okay vendor proposing basis its own judgement and capability – as long as it caters to the services, gets right manpower and infrastructure, covers all languages and is scalable. 2. Are you wanting a single site or two site or more? What is the preference? 3. Any preference for any city? 		

REPLY TO PRE-BID QUERIES **10-November-2016**
DOC APPOINTMENT OF A CENTRALISED HELPDESK FOR DELIVERING REMOTE HEALTH ADVISORY AND INTERVENTION (Doctor on Call – DoC)

S. No.	RFP Document Reference(s) (Section & Page Number(s))	Content of RFP requiring Clarification(s)	Points of clarification	Reason	CHI Response
300	Page no 27 last paragraph	Site	4. We are seeing the ask – there is 23 languages. No one site in country can cater to all the languages. This is main barrier. Furthering to this, is ask for specialized skill and experience – that makes the available pool even smaller. We have to compromise on some or prioritize some over the other. May be skill over language. Would CHI be okay with it?		bidder has to decide. The full call centre setup may be divided into max 4 location keeping CRM, IVR and call distribution centralized
			5. Are you okay if we propose T2 site as one of the service delivery location? We looked at the languages – out of 23 – we feel we can easily cater 11-12 languages from this site. For the rest we may either try and add one more site or get resources from outside location.		
301302	2.2 Project Background – Page no 10	Firstly the registration of the patient will be done, where AADHAR number will also be taken along with mobile number and email.	1. Will the initial registration be routed to the contact centre or would be completed as an initiative performed before the Contact Centre going live		as per RFP
			2. Would customer information management such as registered Mobile number amendment etc by the customer be serviced through the contact centre?		yes
303	2.2 Project Background – Page no 10	Phase 1 will also include a self-service portal for the citizens which will have standardized algorithm and 'Doctor on Text' service on TWO PLATFORMS – NHP and Mobile APP to citizens to put up their medical queries which will be responded to in a time bound manner.	1. Will the requests raised through this Self Service Portal be also in the scope of this FTEs mentioned as a part of this RFP?		yes
304	Section 6.1.8	CRM Related Generic Questions	1. List the Websites or any other systems / applications which you need CRM to integrate into?		CRM should be integrated with NHP and MoHFW portal
			2. Could you provide an approx. number of customers which you estimate would need to get registered for this programme?		no details available
			3. RFP mentions the need to trigger out SMSs to the citizens for various reasons including OTC drugs prescribed. Please list out all the reasons for which you foresee the need to send out SMSs		as per the algorithm
			4. Are there any other departments which is required to resolve the case/ complaint need to have access to the CRM?		yes
			5. CRM requirements mentions an integration with Social Media Sites. Can you confirm the sites are Facebook and Twitter?		yes
305	Section 6.1.1.C Key Considerations while designing the scope of work Pg 28	Bidders will be given access rights to central CRM software and Knowledge Management portal for updating and retrieving the information.	1. Please elaborate what information resides within the central CRM and KM		all information related to call centre, citizens, EHR, resides within central CRM and KM
			2. Please clarify the need for a bolt on KM on top of the existing centralized KM		
			1. What are the Systems / Applications / Websites which needs integration into the KM system		already explained above

REPLY TO PRE-BID QUERIES **10-November-2016**
DOC APPOINTMENT OF A CENTRALISED HELPDESK FOR DELIVERING REMOTE HEALTH ADVISORY AND INTERVENTION (Doctor on Call – DoC)

S. No.	RFP Document Reference(s) (Section & Page Number(s))	Content of RFP requiring Clarification(s)	Points of clarification	Reason	CHI Response
306	Page 37	Knowledge Base and Multi-Channel Requirements	2. What is the frequency at which these policies, procedures & processes would need to be reviewed in the Knowledge Base? Weekly, fortnightly or monthly?		as when required
			3. Does the Knowledge base need to be translated into all the languages mentioned?		yes
			4. Could you provide an estimated number of web visits which you expect in a month		no details available. This system will be open to all citizens of India.
			5. What % of these visit would you want to offer Proactive Chat		
307	Annexure 3, Page 95 point 5	CHI would be bearing the cost of network and telecom charges as indicated in this RFP including outbound telecom charges which would be paid at actuals.	It is assumed that SMS charges would also be paid at actuals by CHI. Please confirm.		no, all charges will be included in seat cost
308	Section 6.1.7, point f, sub point XVII, Page 34	Bidder should be able to configure important messages/advertisements on IVR free of cost during the waiting period. The content and time period for such messages/advertisements shall be decided by CHI.	It is assumed that such messages and recordings would be provided by CHI. Please confirm.		yes
309	Section 6.1.7, point h page 35	CRM system and the database will be hosted at BSNL Data Centre, for which hosting space will be made available by CHI.	Would there be support available from CHI/CHI partner in terms of managing the Hardware/Software deployed for CRM and KM with Bidder remotely managing the application layer or does CHI wants bidder to deploy its resources for the management of such Hardware/Software at BSNL data center.		it is the responsibility of the bidder to manage all hardware/software keeping SLA in mind.
310	Section 6.1.8	The CRM should be a COTS solution with seamless integration to the other tools such as IVRS, CTI, SMS gateway etc. The CRM system should be able to integrate existing or future multimedia such as Voice, Web or Email. It should be possible to capture and route requests received from multiple channels – Call, Web Self Service, Email, SMS, Direct contact, etc.	Since the integration requirements and scope are yet to be discussed and agreed upon. We plan to charge the integration cost between various tools (ACD, CRM, CTI, KM, SMS etc.) and integration with CHI web sites/portals separately. Please confirm if this is acceptable.		As per RFP
311	Section 6.1.8 page 36	All technologies/features should be owned/ provided and supported natively by a single OEM.	While the effort would be to have single/minimum OEM this may not be possible. Please confirm if CHI is OK for vendor to use different OEM partners if necessary.		As per RFP
312	Section 6.1.8 page 36	CRM Gartner leader quadrant	Are you okay if we propose a CRM from Niche quadrant? We have significant experience in implantation of some of the CRM tools from other quadrants too and there are successful history of running/support large/mega size programs. We can furnish multiple case studies for this particular CRM implementation.		as per RFP
313	Section 6.1 page 27	The bidders are expected to ramp-up or ramp-down operation capacity by 15% in 10 days of notice period	Typically the hiring cycle is 30 days and could be higher for superior profile. Can we propose a 90 day rolling volume lock in period		Please refer corrigendum-1
314	Section 6.1.1 page 29	Point F – says Dissemination will happen through emails, outbound calls or through social media.	Please share a rough estimate of the number of customers for which this dissemination to be carried out. Number required for estimating the cost		no details available
315	Section 6.1.2 page 29	All Inbound calling will be received on a toll free number and in no case wait time of the caller will be more than 60 sec	Can this interpreted as Average Speed of Answer is 60 seconds or all calls answered within 60 seconds. The interpretation can significantly alter the FTE requirements and hence cost		call is answered within 60 seconds

REPLY TO PRE-BID QUERIES **10-November-2016**
DOC APPOINTMENT OF A CENTRALISED HELPDESK FOR DELIVERING REMOTE HEALTH ADVISORY AND INTERVENTION (Doctor on Call – DoC)

S. No.	RFP Document Reference(s) (Section & Page Number(s))	Content of RFP requiring Clarification(s)	Points of clarification	Reason	CHI Response
316	Section 6.1.4 A page 29	In phase two of the initiative, specialized doctors can also be added like ortho, gyaneo, pediatrician etc. depending on the response and need.	For now we are not taking in account of Phase 2 – as in planning terms or commercial terms. Will do as and when next phase happens. Hope that is fine by CHI?		yes
317	Section 6.1.4 C page 30	ASHA Connect & Mother & Child Tracking System	How is the target population identified? At what frequency will this be supplied to the vendor? What is the language of communication? Will the outbound and inbound calls to be handled by separate agents.		Will share the details with successful bidder.
318	2.1 Section page 10	Contract Term	Will CHI be okay if we make commercial basis 5 year deal term? It will help us better the commercial – as lot of large fixed cost investment will get spread over longer term. In any case it does not harm CHI – as there is termination rights at any point of time. There will also be provision for change management in contractual terms at any point of time needed.		initially the project is envisaged for a period of three years, there may be chance that project may be extended depends upon the response.
319	Section 5 Scope of the Work Page 28 & 29	Standardized algorithms,	1. Standardized Algorithm- Is it related to kind of rule based segmentation?.		yes
	Subsection -6.1.1.,6.1.4	Data warehouse	2. Is there any data already available which can be used for developing various customer segments which can address type of call? Is it related to enquiry, grievance etc. This is required to understand whether analytical solution should be implemented from Day1 or need to design and develop once the records are captured after some time.		As per RFP
			3. Is there any data warehouse already in place which captures various information of caller?		As per RFP
			4. Do they have patient's physical records which need to be converted into data warehouse to understand the customer profiles and can be appended with future data.		yes
			5. How the workload of a Doctor is captured for routing the calls.		bidder to devise and suggest.