

“Engagement of Healthcare Institutions for Improving access to Specialist Care in Meghalaya)”

Responses to the Pre-Bid Queries

Date of Pre- Bid Meeting: 14th October, 2026

Time: 4:00 PM

Mode: Online/Offline

Chairperson: Shri Ramkumar S, IAS, Secretary, Health & Family Welfare Department, GoM

Physical Attendance:

- 1) Dr. L. Myllemumlong, DHS (MI), Health & Family Welfare Department, GoM
- 2) Dr. C. Iangrai, DHS (MCH&FW), Health & Family Welfare Department, GoM.
- 3) Dr B. Lyngdoh, DHS (DME&R), Health & Family Welfare Department, GoM.
- 4) Dr. A.S. Phanbuh, Deputy DHS (HEB) & Member JDQC, Health & Family Welfare Department, GoM.
- 5) Ms. Mamta Rai, AGM-Procurement, MHSSP, Health & Family Welfare Department, GoM.
- 6) Sanjib Ray, Sr. Program Manager, Apollo Hospitals

Online Attendance:

- 7) Veerabahu, AVP, Kauvery Hospital.
- 8) Daniel Thimmayya, DGM, Apollo Hospitals.
- 9) M Uday Shankar, Associate Vice President, Apollo Hospitals – Hyderabad.
- 10) Sanjib Ray, Sr. Program Manager, Apollo Hospitals

Sr. No.	Query	Department Response
1.	Teleconsultation hub: establishment and operational requirements	• Teleconsultation is the first implementation priority. The hub must operate reliably, with a target waiting time of approximately 5–15 minutes at most. • It is expected that the selected provider or providers establish a functional hub before gradually expanding into other clinical services. • The team should be capable of directing calls to the appropriate specialist without making patients wait excessively. • It was explained that not every specialty would need to be available at every moment. However, the provider must establish a dependable schedule that specifies which specialists are available on which days.
2	Teleconsultation hub integration with the existing eSanjeevini platform.	• The department would try to use eSanjeevini platform, but also informed that the platform had certain problems, including issues with its landing experience or interface. • If those problems could not be resolved satisfactorily, another technical arrangement might need to be considered.
3	Whether the providers should include outpatient consultations for specialties such as gynecology and pediatric surgery.	• OPD consultations were part of the expected service model. • The sequence was explained as: Stage 1 — Teleconsultation Remote access to specialist advice and appropriate next steps. Stage 2 — Physical OPD consultations

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		Regular in-person specialist visits, clinical assessment and patient familiarization. Stage 3 — Procedures and interventions Clinical procedures introduced when staffing, equipment and patient demand permit. Stage 4 — Clinical mentorship and capacity building Longer-term development of local healthcare capabilities.
4	Site assessments and equipment requirements	• A recce would be conducted after selection to identify missing equipment and infrastructure requirements • It was informed that department would procure the required equipment and would not place the infrastructure procurement cost on the selected provider.
5	Whether there would be a defined timeline specifying how long a surgeon should remain at a facility	• It was explained that the time required for a procedure depends on the actual clinical circumstances. • Providers should plan clinical visits and operating schedules around the nature of the cases, patient safety and the resources required, rather than assuming that every procedure can be completed within a fixed period
6	Clinical mentorship and capacity building	• The service providers could structure their charges to reflect the full set of services they were capable of delivering. • The four service components discussed were: 1. Teleconsultation. 2. OPD consultation.

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		3. Clinical intervention. 4. Overall capacity building. All the above services would not all begin simultaneously. The department will assess how the project performed over the first one or two years before determining how to broaden the scope and intensify the activities.
7	Travel, logistics and costing	• The RFP included distances for the designated locations so that bidders could calculate their travel costs accordingly. • The difference in ground transportation costs between locations would not be substantial. Even hiring a suitable cab would create a maximum additional cost of approximately ₹1,500 or so.
8	Whether a healthcare institution may participate in association with another healthcare organisation through a consortium, joint venture or lead-partner arrangement, with clearly defined clinical, operational and administrative responsibilities?	Yes, however, the lead institution shall remain the single point of accountability to the Department under the Framework Agreement. The total partners in JV shall not go more than two partners at any point of time.
9	In the event of a consortium or joint venture, whether the combined financial turnover, institutional experience and technical capabilities of the participating entities may be considered for mandatory eligibility and technical evaluation, or whether all mandatory criteria must be independently fulfilled by the lead institution?	The lead institution must independently satisfy the prescribed minimum financial-turnover and institutional-experience criteria. Technical capabilities may be demonstrated by the lead institution and/or the participating partner institution(s).

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10	Whether experience in government hospital operations, PPP healthcare projects, specialist mobilisation, clinical governance, healthcare quality management, accreditation and capacity-building programmes will be considered qualifying experience under Part X of the RFP?	Eligibility and technical evaluation shall be undertaken strictly in accordance with Part X of the RFP.
11	Whether specialist doctors may be engaged through contractual arrangements, visiting consultant agreements or institutional MoUs, subject to appropriate credential verification and demonstrated availability?	The service provider shall be responsible for arranging the required specialists and ensuring continuity of service whenever called upon in accordance with the agreed deployment plan. The Department will enter into the Framework Agreement with the selected institution(s), not with individual practitioners. The department expects the partners to have such specialists on their payroll or contractual arrangement at the time of selection in itself.
12	Whether NABH accreditation and documented quality-management experience associated with healthcare facilities operated or managed by a consortium member may be considered for technical evaluation, or whether accreditation must be held directly by the bidding institution?	NABH accreditation must be held by the lead/bidding institution itself.
13	As the RFP does not guarantee a minimum volume of services or expenditure, whether the Department would consider providing a minimum monthly service commitment, specialist availability fee or assured deployment schedule to support the financial sustainability of the arrangement?	The Department does not propose to provide a minimum monthly service volume, guaranteed expenditure, separate specialist-availability fee or assured deployment volume beyond the requirements expressly stated in the RFP. Bidders should price their proposals on this basis and account for the deployment obligations and operating costs specified in the RFP
14	Whether the monthly lump-sum OPD consultation fee specified under Annexure E is to be quoted per specialist, per specialty, per healthcare facility or for the entire cluster of hospitals?	The monthly lump-sum rate in Annexure E is to be quoted for the relevant specialty per month to be conducted by the respective specialist per healthcare facility.

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15	Whether the requirement for specialist deployment at least twice per week applies individually to each listed specialty at each facility, or to the overall specialist deployment schedule for the respective cluster?	Each Facility
16	Whether the financial proposal may separately identify specialist professional fees, institutional mobilisation expenses, administrative and project management charges, teleconsultation operational expenses and other associated service-delivery costs?	Bidders may provide a supporting cost break-up for specialist professional fees, mobilisation, administration/project management, teleconsultation operations, travel and other service-delivery costs to explain the basis of their quotation. However, the final amount must be entered in the prescribed format at Annexure E. Any supporting break-up must be consistent with, and must not alter, the final quoted amount provided at Annexure E.
17	Since the RFP provides for payment of surgical and procedural charges according to MHIS rates, whether professional fees of visiting surgeons, anaesthetists and other specialists, along with travel and institutional mobilisation costs, will be reimbursed separately where these are not covered under the applicable package?	No separate professional fee or institutional mobilisation charge will be payable. The bidders have been given the levy to account for these costs at Annexure E under Institutional mobilisation charge.
18	What will be the prescribed payment timeline following submission and verification of invoices, deployment records, procedure records and service completion certificates?	Subject to verification and acceptance of invoices and the required deployment, consultation, procedure and service-completion records, the Department will endeavour to clear admissible payments within 60 days of receipt of a complete and correct invoice.
19	Whether the Department would consider provisions for mobilisation advances, periodic payment cycles and compensation for delayed payments to facilitate uninterrupted specialist service delivery?	No mobilisation advance will be provided. Payments will be made periodically for services delivered, upon submission and verification of the same. The payment cycle and documentation requirements will be set out in the Framework Agreement. No additional compensation for delayed payment will be committed through this clarification at the moment.

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20	Whether provision for periodic revision or escalation of professional fees, travel expenses and other operational costs will be available during the two-year Framework Agreement period?	If an exceptional change in circumstances warrants consideration of a rate or scope adjustment, the Department may examine the matter in accordance with applicable rules, budget availability and the terms of the agreement.
21	As the RFP envisages a single designated partner operating the central teleconsultation hub, what mechanism will be adopted for selecting this partner, and what responsibilities will apply to the other empaneled institution?	The Department may empanel one or more institutions, depending on the outcome of the procurement process and operational requirements. If two institutions are selected, the Department may allow to operate two separate hubs or regional responsibilities between them.
22	Whether recurring expenses relating to the two local-language personnel, internet connectivity, software, technical support, equipment maintenance and specialist availability will be reimbursed separately from the one-time establishment cost?	The institution shall include all costs required to establish and operate the teleconsultation hub in its financial proposal at Annexure E. No additional costs with regards to the hub will be borne by the department.
23	Whether the stipulated five-minute response and call turnaround time refers to acknowledgement of a consultation request, connection with the specialist or completion of the consultation?	Clarified at Sl. No 1 above
24	Further, whether this requirement applies during specified operational hours or on a 24×7 basis?	Clarified at Sl. No 1 above
25	Whether the existing eSanjeevani platform may be utilised for the proposed services, and whether the Department will provide the necessary technical integration, connectivity and support at participating healthcare facilities?	Clarified at Sl. No 2 above

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26	Whether the Department will permit monthly or quarterly advance scheduling of specialist OPDs, surgical sessions, clinical mentorship and training activities to facilitate efficient specialist mobilisation and travel planning?	Scheduling will be finalised by mutual coordination with the Department and the receiving facilities, taking account of clinical need, facility readiness, specialist availability, travel conditions and the approved service plan and the same may be agreed with the selected institution during mobilisation and implementation.
27	Whether the Department will undertake a joint infrastructure and clinical-readiness assessment before commencement of specialist OPD, surgical and procedural services at each designated healthcare facility?	Yes
28	Clarification is requested regarding responsibility for providing surgical instruments, implants, medicines, consumables, diagnostic services, sterilisation facilities, blood products, anaesthesia equipment, nursing personnel and postoperative care infrastructure	Clarified at Sl. No 4 above
29	How will responsibility for postoperative monitoring, complications, emergency management, referral services and associated expenditure be allocated between the government healthcare facility and the visiting specialist institution?	This will be agreed with the selected institution before services commence.
30	Whether the Framework Agreement will clearly define clinical accountability, professional indemnity requirements, medico-legal responsibilities and institutional liability for services delivered at government healthcare facilities?	The Framework Agreement will set out appropriate provisions subject to applicable law and Departmental approval.

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31	Whether the Department can provide hospital-wise and specialty-wise historical consultation volumes, surgical caseloads, referral patterns, equipment functionality and available clinical manpower to facilitate realistic service planning and financial quotations?	Reference information is provided at page 8 of the RFP, and the equipment availability details are provided at page 33. Bidders should use these as the baseline for preparing their proposals. Any additional facility-specific assessment required before a procedure will be discussed and finalised with the selected institution
32	Whether airfare, airport transfers, inter-district transportation, accommodation and meals for visiting specialists will be reimbursed on an actual-cost basis, according to predetermined rates or through an agreed deployment allowance?	Clarified at Sl. No 7
33	In the event of cancellation or postponement of an approved specialist visit or surgical session by the receiving government facility, whether reimbursement will be provided for committed professional fees and non-refundable travel or accommodation expenses?	If a confirmed deployment or surgical session is cancelled or postponed by the receiving facility, the Department will review the circumstances and take appropriate corrective measures. Reimbursement of non-refundable travel or accommodation costs, or payment for committed professional time, is not automatically assured and will be governed by the Framework Agreement and the evidence submitted.
33	Considering Meghalaya's geographical terrain and potential weather-related travel disruptions, whether appropriate exemptions or rescheduling provisions will apply in cases of unavoidable delays beyond the institutional partner's control?	Yes
34	Whether bidders may express a preference for either of the proposed hospital clusters, and what criteria will govern the final allocation of healthcare facilities among the empaneled institutions?	The Department will determine the allocation of healthcare facilities and regions among empanelled institutions, taking into account service requirements and operational considerations.

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35	Where multiple institutions are empaneled, whether institution-specific rates may be negotiated based on assigned geographical clusters, specialty coverage, accessibility and associated operational costs?	Any financial negotiation will be undertaken at the Department's discretion, in accordance with the RFP and the applied selection methodology. No bidder should assume that negotiation or a rate adjustment will be available
36	Whether detailed sub-criteria and documentary evidence requirements will be provided for the assessment of service delivery, mobilisation and multi-facility operational capability under the technical evaluation framework?	Bidders should submit all documents required by the RFP to demonstrate eligibility and technical capability.
37	Whether the Framework Agreement will specify notice periods, settlement of outstanding payments and reimbursement of approved mobilisation commitments in the event of termination for reasons other than institutional default?	The Framework Agreement will specify relevant applicable clauses as deemed fit.
38	Whether the Department would consider issuing a revised or supplementary financial schedule allowing separate quotation of recurring teleconsultation expenses, specialist deployment days, professional fees, travel and accommodation, procedural support and institutional management expenses?	Clarified at Sl. No 16
39	Consider providing adequate time for prospective bidders to incorporate material clarifications into their technical and financial proposals before the submission deadline	The deadline has been extended to 26th October, 2026; 5:00 PM. Technical Proposals will be opened on the same day at 5:30 PM (In case of any changes in the opening date and time, information will be notified in advance. Bidders are to check the websites for all updates) – Addendum Issued

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40	Evaluation Criteria	Revised Evaluation Criteria Enclosed – Addendum Issued

Sd/-
Ramkumar S, IAS
Secretary
Department of Health & Family Welfare
Government of Meghalaya

Addendum no. 1:
“Empanelment / Framework Agreement with Healthcare Institutions for Improving access to
Specialist Care in Meghalaya”

Clause Ref.	Original clause	Amended clause
PART X – Mandatory Eligibility Evaluation Criteria; SI No 4	Service delivery, mobilisation and multi-facility capability - 15 Marks Assessed on demonstrated teleconsultation capability, physical deployment arrangements, surgical/procedural outreach capability, multi-facility mobilisation and response mechanism.	Service delivery, mobilisation and multi-facility capability - 10 Marks Assessed on demonstrated teleconsultation capability, physical deployment arrangements, surgical/procedural outreach capability, multi-facility mobilisation and response mechanism
Sl. No 7- Availability of existing Teleconsultation Hub	None	5 Marks
PART II – Bidding Data and Procurement Process	Proposal Due Date: 23rd October, 2026, 4:00 PM	Proposal Due Date: 26th October, 2026, 5:00 PM
PART II – Bidding Data and Procurement Process	Technical Proposal Opening: 23rd October, 4:30 PM	Technical Proposal Opening: 26th October, 5:30 PM

Sd/-
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