Reply to the Prebid Queries submitted by various interested stake holders for provision of Interventional Cardiology Services on PPP mode

Query of the interested stake holders	Reply of the Department
Service provider should be given Diagnostic area (for echo,ECG,Holter, TMT etc.) in the hospital's OPD department	A Minimum of 13000 Sq Foot built up area shall be provided to the concessionaire. The concessionaire has to modify the premises as per NABH norms. All interiors, including partitions of the walls shall be done by the concessionaire. No separate area shall be provided to the concessionaire. The concessionaire should provide all facilities in this designated area. All these tests are to be provided at the same %age discount, as offered in the bid.
Not only this, screening Clinic/Chest pain clinics shuld be set up at the SDH and CHC Levels for early diagnosis and referral to be provided by Govt. Private players can optionally appoint MBBS doctors at these clinics at the SDH/CHC/PHC	Not agreed to.
Service provider should be allowed to set up a lab/outsource advance and emergency tests to a nearby lab as the govt. hospital lab may not be able to provide emergency service 24X7	Allowed. However as the CGHS rates includes the diagnostic charges as well, therefore no separate charges are to be collected from the patients. The concessionaire should provide Laboratory services free of cost to the patients.
Cardio-thoracic surgery facility is not a viable option for Cardiac PPP. It is not only capital intensive but its operational cost and manpower cost is very high. Especially in the initially years when there would be low workload, the financial load will make it unviable.	Agreed. However the concessionaire should have a MOU with the nearest tertiary level hospital with CTVS facilities for referral of the patient. The concessionaire should ensure that payment to be made by the patient for such services should not be more than PGI Chandigarh Rates .

Cardiac OT should be kept optional with a condition that if monthly Angioplasticies reach more than 100 per month then service provider can operate a cardiac OT. However, the Cardiac OT and its allied services shall be financed and built by the government as it cannot be shifted on completion of tenure and is going to be hospital's assest.	Agreed. CTVS facility to be developed by the concessionaire in the Hospital if the referral increases to more than 5% per month. Seperate OT area shall be provided to the concessionaire by the Hospital Authorities for this services.
It is not mandatory to have a Cardic OT with the Cath Lab. as there are less than 0.3% patients which would need surgical intervention and these	Answered above.
Minimum 10 beds including post Cath should be mandatory to start with but space should be provided for 20-25 beds so that the service provider can ramp up the capacity as the work load increases.	Agreed. The project to be developed with initially minimum 10 CCU beds. The beds number should be increased to 20 when the No of procedures increases to 50 in a month.
PPP player should be allowed to determined rates for private patients.	Not allowed. Rates to be common for Govt Hospital patients and the private referred patients.
The agreement period should be at least 15 years. Cardiac-Super Specialty will take time to gain public trust and hence there would be delayed breakeven as compared to Radiology and Dialysis PPP.	Not agreed. The concession period to remain as 10 years.
24/7 Service should not be mandated. Service would be provided in the night/odd hours only in case of emergency. Service providers shall ramp up the manpower and timings with increases demand.	24x7 services are mandatory. Being essential services, the centre should be operated 24x7.
Hospitals should confirm a build up space before the bidding. Building a new block would change the project viability altogether.	Answered above.
Experience of Chief intervention Cardiologist should be relaxed to 2 Years instead of 7 Years. These are extremely scarce human resources and would be difficult to get.	Not agreed. The Experience of Chief intervention Cardiologist should be 7 years.
A very good hospital/diagnostic chain running for last 5-6 years may not be profitable in last 3 years. Kindly remove this profitability condition as it will restrict some good players from participation.	Not agreed.
How would the devices/consumables not included in the CGHS package be reimbursed for free patients?	The payment of all charges of free category patients shall be done by District Hospital Authorities.

Govt. should spell out guidelines for quality of stents and devices.	Stents/devices to be provided as per CGHS Guidelines. The sents/devices should be US FDA/European CE approved.
. it is understood that CGHS guidelines for rate package are to be followed but reimbursement in case of complex cases/procedures not defined (not listed in CGHS rates) should be spelled out.	The rates of such procedures to be submitted by the interested bidders. The Government shall than fix the rates of such procedures. The %age discount offered in the bid shall be applicable on these rates.
CSSD facility of the hospital wherever available should be made available should be made available to utilize. This would help in bringing down the capital and operations cost.	It is advisable to the concessionaire to have its own CSSD Facilities, as this shall ensure the continuity of the important services. However in case support is provided from the CH for CSSD facilities the all supoort shall be provided, however concessionaire should ensure that the CSSD Facility for the centre should be 24x7.
. Service providers should be asked to adhere to NABH standards for designing and operations of the Cardiac Centre.	Agreed. Centre should be developed, maintained and run as per NABH Norms.
. It was declared in the pre-bid meeting presentation that all electricity charges and water charges shall be paid by the hospital/govt. However, it is not clear in the tender document.	Electricity and water charges shall be borne by the District Health authorities.
. The point erroneously says that the 'The Fees to be charges has been fixed for 10 years' . Rats are linked to CGHS and shall increase with revision in CGHS rates.	Rates have been linked to CGHS rates. As and when the CGHS Rates are revised, the rates of the interventional cardiology centre shall also be revised after incorporating the same %age discount offered in the bids after taking due approvals from the O/o DGHS Haryana.
Number of staff should be left to Service Provider's discretion or these numbers should be linked with the number of procedures and occupied beds. Having all the listed staff on day 1 would not be	Not agreed.

financially viable. Staff numbers has to be ramped up with increasing workloads.	
In order to make this Project viable and provide quality services to patients, I suggest to start with 5 bed CCU and should ramp up to 10 and 20 beds when the angioplasty per month increases to 20 and 50 respectively. Surgery facility to be started after 500 angioplasty completed or 2yr after starting the cathlab facility or whichever is earlier. (enclosing the reff from cardiology journals to start PCI programme without onsite surgical backup)	Already answered.
The Agreement should be for a period of 10 years with a possibility to extend for another 5 years	Agreement is for 10years. First right of refusal explained in point below.
The concessionaire should be exclusivity to run cardiology services within these hospital complexes for the duration of the contact. If Authority feels the need for expanding the facility, the first right of refusal should be given to the concessionaire	First right of refusal already mentioned in the RFP and the DCA. However the first right of refusal shall only be o the discretion of the O/o DGHS in case of satisfactory services of the concessionaire.
As you know in medical field every individual to be treated individually, guidelines and recommendations are there to help/guide you. Experience is one of the most important factor to ensure the quality of care and decision to do or not to do the procedure. I suggest to include a cardiologist in the core team of bidder and he should have been operating at least one cardiac cath lab in any hospital since last 10 years and independently(unit head) since last 5 yrs	Not Agreed
to assess the financial capacity of individuals, Please provide the option of networth / creditlimit of Rs 5 Crore	For individual bidders, the net worth should be minimum 5 crores for each centre.
For patients to receive quality services through this PPP Project, please include the below clause in the bid document: "The Authority is not obliged to accept the highest discount percentage bid if it feels that the bid is non-reasonable, and shall	Not agreed.

reserve the right to negotiate with any of the qualifying parties on any and all aspects of this tender.”	
The bidder is expected to set – up Interventional Cardiology Services with Cardio-thoracic surgery facility and 10 bedded Cardiac Care Unit at estimated cost of Rs. 9 crs for each facility. However, there is no minimum patient referral guarantee is mentioned by the Authority to these facilities. In the event Authority doesn’t assure any minimum number of referral of patients, the Bidder will have high uncertainty during the implementation stage. Also, the bidder will incur huge fixed over head specially for each of these facilities. In consideration of the above fact, we request Authority to include minimum guarantee for the number of referral patients per annum.	Not Agreed
We request Authority to provide – As-is drawing / details of the space to be provided for setting up the facilities in Civil Hospitals. It will be required to assess the refurbishment Cost for each facility.	Not agreed. Feasibility study to be undertaken by the concessionaire himself.
Please clarify, whether a bidder is required to submit a bid security of Rs. 10L for all 4 facilities or need to submit bid security of Rs. 10L per facility	Bidder to submit bid security of Rs 10 Lakhs for each centre.
Experience of the Chief Cardiologist be reduced to 3 years. There is a dearth of good people around.	Not Agreed
Please amend this point to read, “The bidder or one of its promoters (major shareholder) should have been operating at least one cardiac cath lab in any hospital since last 3 years.	Not Agreed
Provision for an Individual Cardiologist to make a bid by himself with a preselected net worth minimum Exclusion of the clause that a hospital should be in profit for the last 3	Answered above.

years.	
We request Authority to clarify the definition of "Free Patients" for referral to the Cath Labs and for which the concerned Civil Hospital will reimburse the Medical Expenses	Free cases include: 1. Patients belonging to BPL category of Haryana 2. Pts belonging to SC Categories of Haryana 3. Pts who are covered under aarogyakosh scheme of Haryana. 4.
1.1, Annexure XIII: Please amend this point to read, "All movements should be motorized with C-Arm angulations of minimum RAO/LAO + 105 deg. / -110deg. CARN/CAUD + 45 deg". The reason for this change is that angulation required in any clinical procedure is not more than 100 degrees.	Revised Technical Specifications have been issued.
* Point 6.1, Annexure XIII: Please amend this point to read," Pixel size not more than 200 microns."	Revised Technical Specifications have been issued
* Point 7.1, Annexure XIII: Please amend this point to read, "The monitor system should have 4 monitor suspension facility.	Revised Technical Specifications have been issued
Point 9, Annexure XIII: Please amend this point to read, "Rotational angiography facility at a speed of at least 40 degrees per second with acquisition frame rate of at least 25 frames per second in 1 k matrix with facility for display of subtracted and un subtracted images in the examination room."	Revised Technical Specifications have been issued
Suppose a patient has probable DM, HTN, associated COPD, Septicemia, Multi organ failure, is admitted where PTCA to be done, in these cases what should be charged for CCU/ICU patients other than cardiology procedures/Packages.	In case the patient has been admitted in CCU then, CGHS rates to be followed. Same %age discount to be offered, which has been offered in the bid.
If any patient wants to have higher value stent /Pacemaker instead of CGHS approved stent /Pacemaker is there any provision they can go for higher side by paying difference amount.	Not agreed.

Request you to kindly change RAO/LAO – 110 degree/105 degree- Angulation required in any clinical procedure is not more than 100 degree. Request you to please mentioned the small & large focal spot of 0.3 & 0.6 & 1 mm in order to have fine & sharp images -- Smaller the focal spot, better & sharper will be the image quality.Therefore, 0.3 & 0.6 mm focal spots have been regarded optimum focal spots to get sharp images. Request you to please change Pixel size to be 200 microns or less - For better image quality DQE is the most important parameter. GE system DQE is 79% which is highest in the industry. Request you to please change monitor suspension from 6 monitors to 4. The monitor system should have 4 monitor suspension facility.-- 4 monitors on suspension system are sufficient for all interventional procedures. Rotational angiography facility at a speed of at least 40 degrees per second with acquisition frame rate of at least 25 frames per second in 1 k matrix with facility for display of subtracted and un subtracted images in the examination room -- Speed of 40 degree per sec is optimum speed for rotational Angiography in terms of image acquisition. - Speed of 40 degree per sec is optimum speed for rotational Angiography in terms of image acquisition. The X-Ray tube should have Anode heat storage capacity of at least 3.5 MHU or more to run continuously for 6-8 hours without shutting off.-- High rating tube is needed in continuous running of system in lengthy procedures without shutting off. We have the highest rating tube across industry with 3.7 MHU. This is the most important point missing from the existing technical specifications which determines Image Quality of the system. Request you to kindly add DQE of the system should be not less than 77%-- Higher DQE offers better image quality at low dose. Lesser DQE means low image quality at high radiation dosage. Since procedures may last for 8-10 hours, higher DQE is required to attain optimal Image Quality at lowest possible dose. This again is one of the very important point	Revised technical specifications have been released.

to adhere to global quality & safety standards. System should be US-FDA approved-- The existing specification has lead aprons/defibrillator asked as US-FDA approved. Therefore, Cath Lab should also be US-FDA approved in order to get standard machine from reputed vendors conforming to global quality & safety standards. A flat detector with a diagonal size of at least 29 cm or detector size of 20.5X20.5 inch--This is the Optimum detector size for cardiac procedure & bigger detector helps in doing Neuro cases as well, if any. In machines having detector size of 24 cm, off-centre & Neuro cases will be a limitation. . Motorized peripheral position for peripheral and vascular intervention should be available. It should be possible to position the C-arm upto 100 degree on the left side as well as on the right side of the patient-- Ease of use from both side of the table. . Request you to please add this point in the specification that detector should be manufactured from original manufacturer-- In order to have better compatibility & proper service, detector should be manufactured from principal vendor	

Along with this the committee also decided to incorporate the following corrigendum/addendum:

1. Point 1.1.5 to be now read as "**Bids are invited for the Project on the basis of the highest discount percentage or lowest premium percentage on the CGHS Chandigarh rates specified at Annexure - A (the "charges") offered by a Bidder for implementing the Project. The rates are comprehensive package rates which includes the CGHS Package rate, excluding the cost of the implant/device. The Concession Period is pre-determined, as indicated in the Concession Agreement. The charges will be evaluated separately for each project location and separate agreement will be signed for each project location. The highest discount percentage/lowest premium percentage shall constitute the sole criteria for evaluation of Financial Bids. The Project will be awarded to the Bidder quoting the highest discount percentage / lowest premium percentage on the set rates, which leads to the lowest charges which will be charged from the patient. The rates such finalised shall be fixed for a period 10 years.**

   For e.g. if the bids are like Discount of (3.50%, 7.90%, 11.56%, 19.00 %, 1.0 %) and premium of (4.30 %, 8.30 %, and 12.90 %, then the preferred bid would be discount of 19% and the decreasing order of preference would be discount of (19.00 % > 11.56 %> 7.90 % > 3.50 % > 1.00%) > premium (4.30% > 8.30% > 12.90%.

2. Point 2.2.4 I.A. i. to be now read as "**The bidder must be a multispecialty hospital/Super Specialty hospital with facilities of Interventional cardiology, Cath lab, Cardio thoracic surgery and at least 30 ICU/ CCU beds and must be operating for the past 3 years."**

3. Point 2.2.4 I.A.ii. **to be now read as The bidder should have at least one hospital with 100 Beds at a single location as on bid due date, operating for past 3 years"**

4. Point 2.2.4 I.A.iv. "**For an individual cardiologist wanting to apply, the bidder should have done minimum 250 angioplasties in one calendar year preceding the bid submission year, i.e. in 2015".**

5. Point 2.2.4 I.A.iv. "**An OEM engaged in the manufacturing of CATH Lab or cardio vascular stents/implants for the last 30 years, till the FY preceding the bid due date."**
6. The department releases following Annexure to be part of the Request for proposal and DCA - **Monitoring Mechanism** and **Performance Indicators**

7. The department also deletes the following point from the original RFP Point 2.2.4 I.A.iv "**Total experience in healthcare delivery of the entity should be more than 10 years as on Bid due date".**

Along with this the committee decided to reschedule the bidding process as follows:

Event Description	**Date**
Bid Due date	By 12.30 pm on 22/06/2016
Opening of technical Bids	At 2.30 pm on 22/06/2016
Opening of Financial Bids of Technically Qualified Bidders	At 12.30 pm on 28/06/2016
Letter of Award (LOA)	Within 1 month of Opening of Financial Bids
Validity of Bids	180 days from Bid Due Date
Signing of Concession Agreement	Within 1 month of issue of LOA