

GOVERNMENT OF ANDHRA PRADESH

Replies to Pre-bid queries on haemodialysis

Sl. No.	Name of the prospective bidder	Pre-bid query	Reply
1	APEX Kidney Care Pvt. Ltd.,	<ol style="list-style-type: none"> Section III – Instructions to Bidders Point No. 3, Earnest Money Deposit (EMD) Does service provider need to submit separate EMD for 13 Hospitals? EMD amount to be submitted for 13 hospitals Section V – Scope of work Point No. III, The service provider arranges for a space at its own cost in proximity to the hospital within 3 kilometers of the hospital premises in district where government cannot provide space for the facility and then makes complete arrangements as detailed above. 	<ol style="list-style-type: none"> A single EMD has to be submitted which is a value of INR 10 lakhs as demand draft drawn on a Nationalized bank. Space will be provided by the Government in all 13 Locations
2	LRS Nephrology	<ol style="list-style-type: none"> Point No. 5 & 6: of the Evaluation: The bidder should have operational Haemodialysis experience of at least three years prior to submission date. The Bidders are not presently blacklisted / debarred by the Purchaser or by any state or its organizations or by the Government of India or its organizations: Financial Bid Technology up gradation: the machine shall be suitably upgraded by the service provider under following conditions: 	<ol style="list-style-type: none"> As per the tender document. As per the tender document. As per the tender document.
3	B. Braun	<ol style="list-style-type: none"> Section-111 – EMD The figure of EMD amount is not mentioned. Request to Specify 	<ol style="list-style-type: none"> A single EMD has to be submitted which is a value of INR 10 lakhs as demand draft drawn on

		<p>the figure.</p> <p>2. Section-111 - 1 Tender Validity period & Renewal of Contract In case of the Tender is not renewed after completion of 5years tenure, should the Assests be handedover to Hospital or can the service provider take it back</p> <p>3. Section-111 & Appendix- F - Price to be quoted As specified in RFP, since the Dialyzer reuse pattern is different for Sero Positive & Negative cases, can the bidder quote two separate Prices for SeroPositive & Negative ?</p> <p>4. Section-V - Scope of Work (Point no II) It has been mentioned in the RFP to perform diagnostic tests (Urea, Creatinine, Sodium, Potassium, Complete Biochemistry & hematology profile) before & after Dialysis. Request to clearly specify for how many dialysis sessions should these tests to be performed ? Whether the Hospital will perform the Lab test or Service provider. Kindly Specify.</p> <p>5. Section VI - Eligibility Criteria Interms of eligibility criteria since it's a 130 Machine project which can be further be expanded, the minimum criteria should be having experience of managing 60 Machines for a period of 3 years & avg turnover of the company should be 30 Crores, since the Organization should be able to manage any kind of financial .</p> <p>6. Section VII - Technology Upgradation of HD machines In existing AP Govt. hospital PPP, the HD machines installed are already US - FDA approved with Touch screen technology, whereas in the current RFP it has been specified that both US FDA or CE certified machines are allowed. This allows the bidder to quote Non-US FDA approved HD machines with only CE</p>	<p>a Nationalized bank.</p> <p>2. Assets will be taken away by the service provider, if the tender is not renewed.</p> <p>3. Only single calculated price shall be quoted</p> <p>4. Investigations will be provided by the Government under NTR Vidya Pariksha at the respective facilities.</p> <p>5. As per tender document</p> <p>6. The dialysis machines should be HD machines with US-FDA or European CE approval.</p>
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		approval & of low end model without Touch screen quality. If this happens the intension of the project i,e to have updated technology, would defeat. Request to mandate the touch screen technology & US- FDA approval for HD machines	
4	Sai Druthi Nephro Services	<p>1. Consortium lead member should qualify on one year service experience with 50 machines and remaining two members can full fill financial capability, but they also shuld have Dialysis back ground either from (Manufacturer, Authorized agent by manufacturer, service provider)</p> <p>2. Appendix – L (E)</p> <p>1. Recommendation for dialyzer use in HD: Dialyzer membrane Ployethersulphone to be added. It is useful for patient to give quality dialysis.</p> <p>2. Appendix – L (E): In the HD machine optional specification Hemodiafiltration is there, you need to specify the ratio of Hemodialysis & Hemodiafiltration treatment, as because both are different model of dialysis machine also cost are difference and Hemodiafiltration “ Prefer Acute therapy Patients”.</p> <p>3. Section VI – Eligibly Criteria Point 5: Recommended to make minimum one year service experience, and having at least 50 Hemodialysis Brnad new machines. In this case lots of bidder will be eligible to participate and State Government gets good Benefits.</p>	<p>1. As per tender document</p> <p>2. Appendix – L (E) (1 to 3) The dialysis machines should be HD machines with US-FDA or European CE approval.</p>
5	Calloway	<p>Point No. 5 & 6 of the Evaluation: The Bidder should have operational Haemodialysis experience of at least three years prior to submission date.</p> <p>The bidders are not presently blacklisted debarred by the purchaser or by any state or its organizations or by the Government of India or its organizations</p> <p>Financial bid:</p>	<p>As per the tender document</p> <p>As per the tender document</p> <p>As per the tender document</p>

6	Nephro Protect	<p>1. The bidder should have operational Haemodialysis experience of at least three years prior to submission date</p> <p>2. Infrastructural facility</p>	<p>1. As per the tender document</p> <p>2. Space will be provided by the Government in all 13 Locations. As indicated in Section – V, point no. 1.</p>
7	Miicro Labs India	<p>1. The Bidders are not presently blacklisted / debarred by the Purchaser or by any state or its organizations or by the Government Of India or its organizations</p> <p>2. Financial Bid</p> <p>Kindly consider & modify the Financial Bid as :</p> <p>Charges if space is provided & located inside the Hospital</p> <p>Charges if space is not provided & located outside the Hospital</p> <p>Please clarify if the Service Provider is required to pay any amount for the space & Power Supply provided by the Hospital.</p>	<p>1. As per the tender document</p> <p>2. As per the tender document.</p> <p>Space will be provided by the Government free of cost to the selected service provider in all 13 locations. A site handover certificate would be given to the Service Provider to this effect.</p> <p>All the interiors including installation of sub meters for power and water, wiring, pipelining for water connection is to be arranged by the service provider. The service provider shall pay for power and water to the respective institutions on monthly basis.</p>
8	DCDC Health Services	<p>QUESTION: THE CLAUSE (a) OF OTHER TERMS & CONDITION and Clause (iii) After completion of 2 contract periods each not less than 5 years, the entire Equipment machinery shall be replaced. Both clauses are contradictory and need clarification or modification in respect to that if BIDDER COMPLETE THE 5 YEARS TERMS AS PER TERMS AND CONDITIONS, THE SAME BIDDER WILL GET EXTENSION OF 5 YEARS TERMS AGAIN. This will give strength to the bidder to run efficiently and we bidders can give the best output at our best.</p> <p>QUESTION: The above paragraph to be modified as once the hospital gives us the letter of possession & actual and not with</p>	<p>1. As indicated in point 5 of Section – III of tender document.</p> <p>2. AS per the tender document</p> <p>Space will be provided by the Government free of cost to the selected service provider in all 13 locations. A</p>

		<p>the date of MOU signed. Since sometimes there is a delay in handing over the possession by many reasons and should not be the blame game at that time. Please amend the same for the interest of both parties and smooth installation of dialysis facility.</p> <p>QUESTION: The above subject is directly related to QUERY NO.1 and it has to be addressed with corrigendum. Since the authorities are asking for the rate to be quoted where INFRASTRUCTURE, BUILDING is provided by government hospital, and electricity, water will be provided by hospital but to pay for same. If the bidder has to provide the EXTRA FACILITIES TO MANAGE THE WAITLISTED PATIENTS THAN THE COST OF DIALYSIS WILL INCREASE ON BIDDER SIDE BY GETTING THE RENTED PLACE, ELECTRICITY CONNECTION, WATER CONNECTION, MUNICIPAL CLERANCES AND OTHERS AS PER STATE LAWS AND LOCAL LAWS. We think that hospital should itself demark the space within the hospital for further extension if required in one year or during the term of period.</p>	<p>site handover certificate would be given to the Service Provider to this effect.</p> <p>All the interiors including installation of sub meters for power and water, wiring, pipelining for water connection is to be arranged by the service provider. The service provider shall pay for power and water to the respective institutions on monthly basis.</p>
9	SSV Agencies	<p>Point No : 5 & 6 : of the Evaluation</p> <p>The Bidder should have Operational Haemodialysis Experience of at least Three years prior to submission date.</p> <p>The Bidders are not presently blacklisted / debarred by the Purchaser or by any state or its organizations or by the Government Of India or its organizations</p> <p>Financial Bid</p> <p>Kindly arrange to clarify the service amount / revenue that will be retained by the hospital for providing the infrastructural facilities</p>	As per the tender document
10	SAP Medicals	1. Section VI Eligibly Criteria Point 5: Recommended to make	1 & 2. As per the tender document

		<p>minimum one year Service experience, and having at least 50 Hemodialysis Brand new machines. In this case lots of bidder will be eligible to participate and State Govt gets good Benefits.</p> <ol style="list-style-type: none"> 2. Consortium Lead member should qualify on one year service experience with 50 Brand new machines and remaining two members can full fill financial capability, but they also should have Dialysis back ground either from (Manufacturer, Authorized agent by manufacturer, Service Provider) 3. EMD amount should provide in tender document. 4. Appendix – L (E) 1. Recommendation for dialyzer use in HD : Dialyzer membrane Ployethersulphone to be added, this is also Globally & Nationally accepted syentic membrane. 5. Appendix – L (E) 3: Either Low/ Medium/ High flux should be considered. 6. Appendix – L (E) : In the HD machine Optional specification Hemodiafiltration is there, you need to specify the ratio of Hemodialysis & Hemodiafiltration treatment, as because both are different model of dialysis machine also cost are difference and Hemodiafiltration “Prefer Acute therapy Patients”. 7. RO (Reverse Osmosis) been considered Double pass system, need to add hot disinfection which brings excellent quality out comes. 8. AV Fistula procedure & Catheter & catheterization should be consider in scope of Hospital, Service provider should follow up and support on process. 9. Other than Blood investigations, like EGC, ECHO & USG optionally preferred to every patient once in one year or patient under went into emergency 	<ol style="list-style-type: none"> 3. A single EMD has to be submitted which is a value of INR 10 lakhs as demand draft drawn on a Nationalized bank 4, 5, 6 & 7: The machine should be HD dialysis machine with US-FDA or European CE approval 8. Creating access like jugular / femoral catheterization and AV Fistula would be provided at a Government facility and service provider shall provide all the needful follow up process.
11	SPARSH Nephoro care	<p><u>Section III (Instruction to Bidders)</u></p> <ul style="list-style-type: none"> • Kindly clarify the amount of EMD to be submitted for applying to the tender along with the name of authority to whom the 	A single EMD has to be submitted which is a value of INR 10 lakhs as demand draft drawn on a Nationalized bank.

	<p>EMD should be addressed</p> <ul style="list-style-type: none"> • 4.10 mentions that Appendix-H should be provided to the effect that the firm has neither been declared as defaulter or black-listed by any competent authority of Govt. of India or Govt. of any State. However, Appendix-H only mentions de-recognised/blacklisted by any competent authority. We request the following to be added to Appendix-H as well – “We do hereby declare that I/We have neither been declared as defaulter nor abandoned any project by any State Govt./Union Territory/Govt. of India/Govt. Organisation/Govt. Health Institutions” <p><u>Section – VI (Eligibility Criteria)</u></p> <p>As the intent is to only allow companies which have relevant experience in providing dialysis services (which was made clear during the pre-bid meeting), we request the eligibility criteria to be revised as follows as this would ensure competent bidders and formation of appropriate consortia:</p> <p>Single bidder must meet both the technical as well as financial criteria. If a consortium is applying, each consortium partner must be a dialysis services provider and the consortium must meet both technical as well as financial criteria when an aggregate of experience (dialysis machines being run for more than 3 years by all parties) and average turnover of last three financial years is taken.</p> <p><u>Section – VII (Terms and Conditions)</u></p> <p>As the Performance Security is defined in 3(a) as 5% of the total contract value, we request you to provide the formula that will be used to determine total contract value. This would allow the bidders to estimate the Performance Security amount which</p>	<p>AS per the tender document</p> <p>AS per the tender document</p>
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		<p>needs to go into financial modelling for coming up with the right price given that this amount can be quite substantial.</p> <p><u>Appendix B (Bidder's Authorisation Letter)</u> As discussed in the meeting, there might not be much utility of this letter. Kindly confirm if this still has to be provided and if yes, then for which all equipments.</p> <p><u>Appendix C</u> Kindly confirm if it would be fine to submit copies of User Certificates as it is not possible to submit originals given that multiple tenders of similar nature require such certificates.</p> <p><u>Appendix J (Equipment List)</u> Kindly provide the quantity of each equipment to be provided in this list along with specifications. For some of the major items, we are attaching basic specifications separately for your kind perusal.</p> <p><u>Others</u></p> <ul style="list-style-type: none"> Kindly specify if creating access like Jugular/Femoral catheterization and AVF Fistula would be the scope of bidder. It will not be possible to include them within dialysis package. This is also what is followed in all govt. health schemes. If yes, we request that a separate rate for these services be fixed by the authorities as per market rates. This will keep things simple & transparent as there will be no need to separately estimate the volumes or account for these in the bidding process. 	<p>AS per the tender document</p> <p>Creating access like jugular / femoral catheterization and AV Fistula would be provided at a Government facility and service provider shall provide all the needful follow up process.</p>
12	FRESENIUS	<p>1. Closing Date and Time of Receipt of Tender , Section-II , Page 2/34 :</p>	<p>1 to 3 : As per the tender document</p>

		<p>We seek approval from our Asia Pacific Head Office for Tender Business , also project might involves visiting the 13 A.P Districts Requesting Closing Date > 14 Business Days from date of issue of clarification of the Pre-Bid Meeting Tentatively15 July 2016.</p> <p>2. SECTION - VI , ELIGIBILITY CRITERIA : 3 Yrs Experience (Prior to Submission Date) + 50 Min Machines + 10 Cr avg Turnover Globally Fresenius (under Nephrocare Brand Name) has > 20 Yrs of Experience & 45,000 Machine Base Fresenius (under Nephrocare Brand name) India has > 3 Yrs Experience with 42 Installed Machine.</p> <p>In case Fresenius Medical Care;s Global experience is valid for this project - Fine! , otherwise requesting for a 3 Yr + 40 Machine(Instead of 50 Machine) eligibility cutoff.</p> <p>A Critical Point beyond 30 Machines provides sufficient experience to a service provider to deliver quality dialysis services.</p> <p>3. SECTION - VI , ELIGIBILITY CRITERIA : The above criterion , Fresenius Medical Care , India & Gloablly works in Joint Ventures with local partners holding controlling stake between 51% - 90% in all the ventures . By Law we have revenue consolidation rights in all our projects . For this Project Fresenius will directly bid & claim experience (3Yr + x Machines) of these JV.</p> <p>4. EMD : Kindly mention EMD amount</p> <p>5. SECTION - VII TERMS AND CONDITIONS , Performance Security : Kindly verify the formulae to calculate PS</p>	
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		<p>3 Shifts x 10 Machines Per Center x 13 Center x Bid Price x 5% , or otherwise</p> <p>6. SECTION - VII TERMS AND CONDITIONS 11. Other Terms & Conditions d) Technology Up gradation</p> <p>pts (ii) and (iii) seems very fare , pt(i) : (i) Review by a board appointed by Authority upon assessing the need for a technology up gradation. Such reviews should not be made in less than one year. >> Equipment upgrade shall not be possible for a single 5 Yr terms , post installation > Financially Infeasible to the service provider. Next Extended 5 yr terms it can be recommended to the service provider to adhere.</p> <p>7. SECTION - VII TERMS AND CONDITIONS 11. Other Terms & Conditions</p> <p>Pt (b) The Authority may provide... > Space to service providor in the hospital is "Rent Free " - just confirming</p> <p>8. APPENDIX -F FINANCIAL BID</p> <p>Cost for The cost per Hemodialysis session Rs ... is basis a 80%:20% > Negative and Postive Dialysis Machine Ratio in every center?</p> <p>9. APPENDIX -K Records for Procedure : These minimum standards and staffing pattern are mandatory for a service provider and not just recommended</p>	<p>1 A single EMD has to be submitted which is a value of INR 10 lakhs as demand draft drawn on a Nationalized bank.</p>
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13	Nipro Medical India Pvt. Ltd.,	<p>1. Section VI Eligibly criteria point 5: Recommended to make minimum one year Service experience, and having at least 50 Hemodialysis Brand new machines. In this case losts of bidder will be eligilble to participate and State Govt. gets good benefits.</p> <p>2. Consortium Lead member should qualify on one y ear service experience with 50 Brand new machines and remaining two members can full fill financial capability, but they also should have Dialysis back ground either from (Manufacturer, Authorized agent by manufacturer, Service Provider)</p>	1 to 2: As per the tender document

		<p>3. EMD amount should provide in tender document.</p> <p>4. Appendix – L (E) 1: Recommendation for dialyzer use in HD : Dialyzer membrane Ployethersulphone to be added, this is also Globaly & Nationally accepted syentic membrane.</p> <p>5. Appendix – L (E) 3: Either Low /. Medium / High flux should be considered</p> <p>6. Appendix – L (E): In the HD machine Optional specification Hemodiafiltration is there, you need to specify the ratio of Hemodialysis & Hemodiafiltration treatment, as because both are different model of dialysis machine also cost are difference and Hemodiafiltration “ Prefer Acute therapy Patients”.</p> <p>7. RO (Reverse Osmosis) been considered Double pass system, need to add hot disinfection which brings excellent quality out comes.</p> <p>8. AV Fistula procedure & Catheter & catheterization should be consider in scope of Hospital, Service provider should follow up and support on process.</p> <p>9. Other than Blood investigations, like EGC, ECHO & ISG optionally preferred to every patient once in one year or patient under went into emergency.</p>	<p>3. A single EMD has to be submitted which is a value of INR 10 lakhs as demand draft drawn on a Nationalized bank.</p> <p>4 to 7: The machine should be HD dialysis machine with US-FDA or European CE approval</p> <p>Creating access like jugular / femoral catheterization and AV Fistula would be provided at a Government facility and service provider shall provide all the needful follow up process.</p>
14	Nephro Plus	<p>1. Continuous Performance Monitoring:Based on various PPPs floated across the country in the past and the performance of the L1 winners during the course of the term till date, we have seen that Service Providers do not honor some of the significant clauses in the RFP and get away with low quality</p>	

		<p>offerings because there is no continuous performance monitoring. Governments stand cheated and patients undertreated. While we appreciate the Third party Audit report, the third party audit is always going to be influenced by the Service Provider. In the interest of offering best services, we should allow any party to raise non-anonymous way of escalating any major deviations to the authority so that the authority can take a severe action – perhaps debarring the firm etc. For example: While single use of bloodline was quoted in a few RFPs before, some of the service providers who won those projects are reusing the bloodlines. Or if Dialyzers are reused beyond 80% Total bundle volume or reused 20 times instead of listed 10 times. Major deviation should call for severe penalty.</p> <p>2. KT/V Audit is a good bold step, we appreciate that and in addition we also recommend having outcome threshold of at least 80% of the patients with at least 1.2 KT/V measured every month. Given the focus of the Authority on ensuring good quality services, we suggest that it be made mandatory for the Service Provider to install machines with the provision of calculating online kT/V and also record it over the cloud real time which the authority has access to.</p> <p>3. Hb:We also recommend that 80% of the patient base to have Hb in the recommend 9.5 to 10.5, if they have been on dialysis for more than 3 months under this project. Penalties on non-adherence can be a good push towards offering the best clinical care.</p> <p>4. Sero Conversions:Unfortunately, there is a huge issue around sero-infection rates across the country and more so in the low-cost PPP projects. We recommend that Government</p>	<p>The bidder shall be responsible for providing free dialysis to any patient for his life time if gets infected in any of the centres. If more than 5 patients are infected during the contract period, the contract of the Government with the service provider may be terminated.</p>
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		<p>should put a threshold of infection rates. We recommend that reduction in payments to the winner for every patient who gets infected. For every patient who gets infected, 1% reduction in the overall payment and 2% for every additional patient per month till 5. And anything beyond that, the bidder is not justified to continue the project.</p> <p>5. Technical Evaluation: We understand that both NHM and the AP Government are undertaking this project to offer the best clinical care to the dialysis patients. Hence in the interest of picking the potential service providers who do not compromise the basic quality to the patients, we recommend the Authority to do random visits to at least 5 centers of all the bidders to evaluate quality, capability and compliance with the earlier won PPP projects. Cost incurred in all such visits can be borne by the Winning Party with a ceiling, for example 2 Lakh INR.</p> <p>6. Inflation: 5% Inflation to the quoted price shall be appreciated. With continuous raising prices, adding the inflation clause can be beneficiary to all the bidders.</p> <p>7. Publishing Outcomes:We also recommend that few parameters related to the project be published every month for everyone's consumption on public forum like government website. Transparency will always improve quality standards. We recommend Kt/V, Hb value of every patient, number dialysis done on each Patient in that month, #Sero Infections to be published on the portal.</p> <p>8. Cluster Approach: We recommend that we divide the project into three clusters and also limit the number of clusters that any bidder can win to 1. If any winning bidder is not</p>	
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		performing as per RFP (measured at the end of every year) the project can be awarded to the other bidders equally. This way there is a very good incentive to adhere to the RFP and perform to offer the best clinical care.	
15	Akon Nephro	<p>Who will pay the payment for 13 centre and how much time period for payment</p> <p>Financial Bid Kindly arrange to clarify the service amount / revenue that will be retained by the hospital for providing the infrastructural facilities.</p>	<p>Space will be provided by the Government free of cost to the selected service provider in all 13 locations. A site handover certificate would be given to the Service Provider to this effect.</p> <p>All the interiors including installation of sub meters for power and water, wiring, pipelining for water connection is to be arranged by the service provider. The service provider shall pay for power and water to the respective institutions on monthly basis.</p> <p>As per the tender document</p>

Note: A total of 10 machines are required to be installed at every centre which include 2 machines to be dedicated for infective cases.(8+2 at each centre)

In case of any queries un-answered, the conditions in the tender document holds good.