



REQUEST FOR EMPANELMENT OF DIABETES CMS VENDOR



RSSDI-Koita Centre for Digital Diabetology
A1710, One Lodha Place,
Senapati Bapat Marg, Lower Parel, Mumbai 400013,
Maharashtra, India.

Contact Phone Number: +91-98206 48337

Disclaimer

The information contained in this Request for Empanelment document (“RFE”) or subsequently provided to Applicants or Clinic Management Systems (CMS) Vendors, whether verbal or in documentary or any other form by or on behalf of the Research Society for the Study of Diabetes in India – Koita Centre for Digital Diabetology (RSSDI-KCDD) is provided on the terms and conditions set out in this RFE.

RSSDI, KCDD, its employees, and its advisers make no representation or warranty and shall have no liability to any person including any Applicant under any law, statute, rules or regulations or tort, principles of restitution or unjust enrichment, or otherwise for any loss, damages, cost or expense which may arise from or be incurred or suffered on account of anything contained in this RFE or otherwise, including the accuracy, adequacy, correctness, reliability or completeness of the RFE and any assessment, assumption, statement or information contained therein or deemed to form part of this RFE or arising in any way in this selection process. RSSDI-KCDD also accepts no liability of any nature whether resulting from negligence or otherwise, howsoever caused, arising from reliance of any Applicant upon the statements contained in this RFE. RSSDI-KCDD may in its absolute discretion, but without being under any obligation to do so, update, amend, or supplement the information, assessment, or assumption contained in this RFE. This RFE does not imply that RSSDI-KCDD is bound to select an Applicant or appoint the Applicant, as the case may be, for the Empanelment. RSSDI-KCDD reserves the right to reject all or any of the proposals without assigning any reasons whatsoever.

The Applicant shall bear all its costs associated with or relating to the preparation and submission of its proposal including but not limited to preparation, copying, postage, delivery fees, expenses associated with any demonstrations or presentations which may be required by the RSSDI-KCDD, or any other costs incurred in connection with or relating to its proposal. All such costs and expenses will remain with the Applicant and the RSSDI-KCDD shall not be liable in any manner whatsoever for the same or any other costs or other expenses incurred by an Applicant in preparation or submission of the Proposal, regardless of the conduct or outcome of the selection process.

RSSDI-KCDD would like to thank and acknowledge the support of the National Cancer Grid (NCG) in developing this Request for Empanelment for Diabetes CMS Vendors, and for sharing its experience of empanelment of EMR vendors for cancer hospitals.

RSSDI-KCDD would like to thank and acknowledge the support of the National Accreditation Board for Hospitals and Healthcare Providers (NABH) for the development of the NABH Digital Health Standards (DHS) for Clinic Management Systems (CMS) and NABH Digital Health Standards (DHS) for Clinic Management Systems (CMS): Diabetes Annexure. These standards are the basis of the RSSDI empanelment process.

REQUEST FOR EMPANELMENT OF DIABETES CMS VENDORS

Contents

1. Abbreviations and definitions	4
2. Request for Empanelment (RFE)	5
2.1 About Research Society for the Study of Diabetes in India (RSSDI) & Koita Centre for Digital Diabetology (KCDD).....	5
2.2 Objectives of RSSDI-KCDD for Diabetes CMS Vendor Empanelment.....	6
2.3 Request for Empanelment	6
2.4 Benefits for the Empanelled Diabetes CMS Vendors.....	6
3. Calendar of Events	7
4. General Instructions to Applicants or CMS Vendors.....	7
4.1 General Terms and Conditions.....	8
4.2 Evaluation Process	10
Stage I – Pre-Qualification (PQ) evaluation of proposals	10
Stage II – Technical Qualification (TQ)	12
Stage II.1 – Technical Evaluation	12
Stage II.2 – DCER Evaluation & Commitment for feature development.....	15
Stage II.3 – Financial Evaluation.....	16
Stage II.4 – RSSDI Member Discount.....	17
Stage III – Management Presentation.....	17
4.3 Evaluation Process	18
4.4 Empanelment letter	20
4.5 Expectations from Diabetes CMS Vendors	20
4.6 De-Empanelment Process	21
4.7 Key Terms of Engagement between RSSDI member clinics and REC.....	21
5. Post Empanelment Engagement.....	22
6. Annexures.....	23
Annexure – 1 DCER.....	23
Annexure – 2 Pre-Bid Query Form	24
Annexure – 3 Pre-Qualification Checklist.....	25
Annexure – 4 Financial Turnover Details	26
Annexure – 5 Details of Revenue from CMS Business	27
Annexure - 6 Number of CMS Implementations.....	28
Annexure – 7 Non-Blacklisting/ Debarment and No Conflict-of-Interest Declaration.....	29
Annexure – 8 Undertaking Certificate.....	30
Annexure – 9 Technical Proposal Checklist.....	31
Annexure – 10 References	32

REQUEST FOR EMPANELMENT OF DIABETES CMS VENDORS

Annexure – 11 Team Composition	33
Annexure – 12 Proposed Pricing Template for CMS	34
Annexure – 13 Letter of Empanelment	35
Annexure – 14 Master Service Level Agreement Template: Key Terms of Engagement between CMS Vendor and RSSDI Member Clinics	38

1. Abbreviations and definitions

Abbreviation	Definition
ABDM	Ayushman Bharat Digital Mission
CMS	Clinic Management System
DCER	Diabetes CMS Empanelment Requirements
DCV	Diabetes CMS Vendor
DM	Diabetes Mellitus
FAQ	Frequently Asked Questions
KCDD	Koita Centre for Digital Diabetology
MoU	Memorandum of Understanding
NABH	National Accreditation Board for Hospitals and Healthcare Providers
NHA	National Health Authority
REC	RSSDI Empanelled CMS
RFE	Request for Empanelment
RSSDI	Research Society for the Study of Diabetes in India
SLA	Service Level Agreement

RSSDI Members: RSSDI has over 13,000 physicians in its network across India. Each member can be uniquely identified by a RSSDI membership number.

RSSDI Member Clinic/s: RSSDI member clinics refers to **clinics that are owned or managed by RSSDI member physicians.**

Diabetes CMS Empanelment Requirements (DCER): The DCER includes:
 A) NABH Digital Health Standards (DHS) for Clinic Management Systems (CMS), and
 B) NABH Digital Health Standards-CMS: Diabetes Annexure
 (Please See Annexure 1 of this RFE)

To be eligible for RSSDI-KCDD CMS empanelment, the diabetes CMS vendor must commit to comply with NABH Base Certification requirements (i.e., Core: 100% Commitment: 60 % and Achievement: 30%) **by 31st March 2026.**

AND

for the **NABH Digital Health Standards for CMS: Diabetes Annexure**, diabetes CMS vendor must commit to comply with at least Core: 100% Commitment: 60 % and Achievement: 40% Excellence: 40% **by 31st March 2026.**

REC: RSSDI Empanelled CMS (REC) will be the CMS selected by RSSDI- KCDD under this RFE.

2. Request for Empanelment (RFE)

2.1 About Research Society for the Study of Diabetes in India (RSSDI) & Koita Centre for Digital Diabetology (KCDD)

The Research Society for the Study of Diabetes in India (RSSDI) is a distinguished scientific organization devoted to promoting diabetes research, education, and care across India. It is the largest association of physicians dedicated to the care of people with diabetes in Asia, with over 13,000 members across 23 states in India. Research in Diabetes is the core ethos of RSSDI. RSSDI has expanded its role to promote excellent care for people with diabetes through technology, outreach and collaborations. Through its various initiatives such as annual conferences, scholarly publications, educational workshops, and research grants, RSSDI contributes significantly to advancing the understanding and management of diabetes within the country.

In collaboration with Koita Foundation (www.koitafoundation.org), RSSDI has established the Koita Centre for Digital Diabetology (KCDD), a first-of-a-kind centre, to use digital health tools to enhance diabetes care across RSSDI's physician network and drive diabetes research & innovation in India. KCDD-RSSDI drives digital initiatives including the diabetes CMS standardization, diabetes practice standardization, adoption of CMS systems, healthcare data interoperability, standardized reporting, data analytics, diabetes research and grants. Additionally, KCDD-RSSDI will facilitate the adoption of new technologies such as AI/ML, big data, automation, cloud, mobile health apps, etc. in RSSDI member clinics for the benefit of clinics, doctors, patients, and consumers. It will also introduce digital tools like telemedicine and remote patient monitoring to make diabetes care more accessible, especially in semi-urban and rural areas.

RSSDI CMS Initiative: To provide the best and standardised diabetes care, RSSDI member clinics require strong diabetes specific CMS products to be deployed at their clinics. Further, CMS adoption will assist in the creation of longitudinal patient data for better patient care, research and clinical studies. To enable this the CMS vendors would be required to support consent-based sharing of data across RSSDI member clinics including compliance with ABDM guidelines defined by the Government of India.

As per the survey conducted among RSSDI members, key challenges in CMS adoption are:

- A. Lack of diabetes management related capabilities in current CMS products
- B. Difficulty in comparing and choosing CMS products among clinicians
- C. High costs of buying CMSs
- D. Lack of training of doctors, nurses, etc. in the effective use of CMSs
- E. Inability to use data in CMSs to improve patient care or overall clinical performance.

To overcome these challenges RSSDI-KCDD has released this RFE inviting applications from eligible Applicants or Diabetes CMS Vendors (DCV).

2.2 Objectives of RSSDI-KCDD for Diabetes CMS Vendor Empanelment

- To standardize and enhance diabetes care delivery across clinics in India through digital innovation, clinical excellence, and capacity building.
- To standardize use of diabetes CMS, promoting clinical best practices, enabling quality standards accreditation, and driving the adoption of interoperable digital systems.
- To develop digital resources required to meet the growing need for diabetes care.
- To accelerate the adoption of digital standards, such as the NABH Digital Health Standards for CMS among the RSSDI member clinics.

2.3 Request for Empanelment

RSSDI-KCDD invites applications for empanelment of Diabetes CMS Vendors meeting the DCER as mentioned in Annexure-1 of this document.

CMS Vendors are required to fill and submit the necessary documents and forms to the email address rssdi-kcdd@rssdi.in as per details given in section 4. The email address is to be used for all communication purposes.

In the event of multiple responses received from a single applicant or CMS vendor, only the first response sent before the RFE submission deadline will be considered during the evaluation process.

2.4 Benefits for the Empanelled Diabetes CMS Vendors

The RSSDI empanelment will provide significant benefits to the empanelled CMS vendors. Key benefits include:

- **Specialised Diabetes Expertise:** RSSDI-KCDD will support the empanelled CMS vendors to enhance and develop specialised products for diabetes care by providing expert clinician support, reviewing products and providing functional requirements to enrich features definition, provide diabetes specific UI-UX guidelines, etc.
- **Standardised CMS templates:** RSSDI-KCDD will help the empanelled CMS vendors with structured Diabetes CMS templates and other clinical template support as per the RSSDI best practices.
- **Access to RSSDI Network:** RSSDI-KCDD will give the RECs an opportunity to showcase their product to 13,000+ RSSDI member clinics.
- **Brand Recognition:** Empanelled CMS Vendors will get brand recognition for being associated with RSSDI as their names will be displayed on the RSSDI website.
- **Other value-add by RSSDI-KCDD:** Over time, RSSDI-KCDD will support the CMS implementation initiative. e.g., share end-user feedback with RSSDI member clinics, share best practices, support digital health training of doctors/nurses etc.

3. Calendar of Events

No.	Schedule	Due Date
1.	Date of Publication of RFE by RSSDI	03-Oct-25
2.	Submission of queries by CMS vendors through e-mail	08-Oct-25
3.	Pre-Bid clarification meeting by RSSDI for CMS vendors	10-Oct-25
4.	Corrigendum Issuance by RSSDI (if required)	13-Oct-25
5.	Last date of submission of response to RFE by CMS vendors	24-Oct-25
6.	Demos and evaluation of the vendor's response by RSSDI	21-Nov-25
7.	Management presentation by CMS Vendors	28-Nov-25
8.	Issuance of Empanelment Letter by RSSDI	15-Dec-25

4. General Instructions to Applicants or CMS Vendors

Applicants empanelled under this RFE, must be willing to customize and enhance their CMS products as per the DCER to be compliant with NABH Digital Health Standards for Clinic Management Systems (CMS) and NABH Digital Health Standards for Clinic Management Systems (CMS): Diabetes Annexure, listed in Annexure - 1, meet other evaluation criteria under this RFE and support the deployment of the CMS in RSSDI member clinics.

As per the **4.2 RFE Response**, the evaluation process for empanelment will be conducted in stages A, B, C.

- A. **Pre-bid clarification:** Pre-bid clarification meeting will take place virtually.
- Purpose of the pre-bid clarification meeting will be to clarify issues and queries regarding this RFE document.
 - All clarifications and interpretations issued by RSSDI-KCDD in writing shall be deemed to be part of the bidding documents.
 - Verbal clarification(s) and information given by RSSDI-KCDD, or its employees or representatives shall not in any way or manner be binding on RSSDI-KCDD and shall not alter the terms of the RFE.
 - The Applicants should submit their pre-bid queries in writing to rssdi-kcdd@rssdi.in in the format provided in Annexure 2.
 - The date and time of the pre-bid clarification meeting will be communicated separately to all concerned.
 - Absence at the pre-bid clarification meeting will not be a cause for disqualification of an Applicant.

REQUEST FOR EMPANELMENT OF DIABETES CMS VENDORS

- B. **Proposal Submission:** Applicants are required to submit their proposal via e-mail to rssdi-kcdd@rssdi.in.
- i. Applicants are required to make compressed zip/rar files of the required documents, which should not exceed 25 MB in size. The compressed zip/rar file should be labelled as '**<Vendor Name>_response**' with the following five folders containing respective documents required as per the details given in section 4.2.
 - ii. Folder containing the pre-qualification form and documents (in pdf format) based on the Annexure 3 and should be labelled as '**<Vendor Name>_Pre-Qualification**'
 - iii. The folder containing the technical requirement evaluation form and documents (in PDF format) based on the Annexure 9 and should be labelled as '**<Vendor Name>_Technical Evaluation**'
 - iv. Folder containing functional requirement evaluation form and documents (in pdf format) based on the Annexure 1 and should be labelled as '**<Vendor Name>_DCER**'
 - v. The folder containing the financial scoring form (in PDF format) based on Annexure 12 and should be labelled as '**<Vendor Name>_Financial Evaluation**'.

Management Presentation: Management presentation submission dates will be communicated to the shortlisted vendors. Any corrigendum to this RFE document may be uploaded on the RSSDI website (<https://www.rssdi.in/>)

4.1 General Terms and Conditions

The evaluation of interested Applicants will solely be based on the information and supporting documents provided by them in their submitted responses. The responsibility for presenting accurate information and the necessary supporting credentials according to the eligibility criteria lies entirely with the applicants. No contractual obligation whatsoever shall arise from this empanelment process.

Binding Clause

All decisions made by RSSDI-KCDD regarding this empanelment shall be final and binding on all Applicants.

Vendor's Obligations

The Applicants vendors will be responsible for managing the activities of their personnel and will be solely responsible for any violation.

The Applicants are expected to maintain a high level of professional ethics and will not act in any manner, that is harmful to RSSDI-KCDD's interests.

REQUEST FOR EMPANELMENT OF DIABETES CMS VENDORS

Non-Disclosure Agreement

The parties (RSSDI - KCDD and Applicants) acknowledge that in the course of negotiating, entering and performing this empanelment process, each party has and will have access to the other party's confidential information (as defined later in the confidentiality clause).

Each party understands and agrees that the use, misuse, and/or disclosure of such information could harm the other party's interests. Accordingly, the parties agree that, during the term of this empanelment and thereafter, each party may only use and reproduce the other party's confidential information solely for purpose of this empanelment process, and to the extent necessary for such purpose.

The party receiving confidential information shall limit its disclosure to its employees, and consultants, on a need-to-know basis and shall not disclose the confidential information to any third party without the prior written consent of the other party.

Conflict of Interest

The Applicants shall furnish a full-disclosure statement regarding any conflict of interest that exists, may arise, or is potential, due to prior, current, or proposed contracts, engagements, or affiliations with RSSDI or RSSDI-KCDD. Furthermore, such disclosure shall address all potential elements (time frame for service delivery, resource, financial or other) that would adversely impact the ability of the Applicants to fulfil the requirements of this project.

The Applicants must not participate in any assignments that have the potential for a conflict of interest.

CMS Procurement Process, Placement of Work Order & Payment Process

RSSDI-KCDD Empanelled Diabetes CMS Vendors will sell their products directly to RSSDI member clinics. RSSDI-KCDD will not issue work orders or make payments to the vendors on behalf of RSSDI member clinics. The selected vendors can discuss the scope of work and payment terms with interested RSSDI member clinics. It is further clarified that RSSDI member clinics can purchase any CMS product based on their needs and may or may not select any RECs.

Applicable Law

This empanelment shall be governed by the laws of India.

Jurisdiction of Courts

All legal disputes between the parties shall be subject to the jurisdiction of the courts situated in Mumbai, India only.

4.2 Evaluation Process

The proposal evaluation process involves the following three stages:

Stage I – Pre-Qualification (PQ) evaluation of proposals

Stage II – Technical Qualification (TQ) of proposals meeting PQ

II.1 – Technical Evaluation

II.2 – DCER compliance evaluation & evaluation of commitment to timeline bound
DCER development– validated through the product Demo

II.3 – Financial Evaluation

II.4 – RSSDI Member Discount

Stage III – Management Presentation of shortlisted proposals from Stage II.

Each stage of the RFE process is explained in subsections below.

Stage I – Pre-Qualification (PQ) evaluation of proposals

Applicants need to meet pre-qualification eligibility criteria to be considered in this empanelment.

They must submit all the details as per the Pre-Qualification checklist (Annexure-3). Applicants not qualifying the PQ eligibility criteria will be rejected for the further empanelment evaluation process.

PQ eligibility criteria along with certificates/documents to be submitted by the Applicants for PQ are mentioned below:

No.	PQ Eligibility Criteria	Supporting documents
1.	a. The Applicant should be a firm registered in India under the Companies Act 1956 or 2013 or a partnership registered under the India Partnership Act 1932, or a Limited Liability Partnership Firm registered under the Limited Liability Partnership Act 2008. b. Firms should have existed for more than 3 years (PAN and GST registration is mandatory).	a. Certificate of incorporation or Partnership deed should be submitted. b. Copy of valid PAN and GST registration certificates.
2.	Applicant should have an office (Development or Support Centre) in India with at least 10 software	Undertaking certificate on company letterhead with signature, name, and designation of the authorized

REQUEST FOR EMPANELMENT OF DIABETES CMS VENDORS

	developers on Full Time Employment with expertise in managing CMS applications on its payroll.	signatory mentioning the number of full-time employees on its payroll.
3.	The Applicant should have implemented CMS in at least two hundred (200) clients which are live as on 31 st August 2025.	a. Undertaking certificate on company letterhead with signature, name, and designation of the authorized signatory (Annexure – 6)
4.	The Applicant should submit an undertaking (on non-Judicial stamp paper of Rs. 100/-, duly notarized) that it is not blacklisted by any Government Institution/PSU for supplies desired/ intended in this RFE in the last 5 years and that there is no conflict of interest.	An affidavit must be submitted on stamp paper of Rs 100/- duly notarized. (Annexure- 7)
5.	The Applicant should be a single organization. Consortium bidding is not allowed.	Undertaking certificate on company letterhead with signature, name, and designation of the authorized signatory (Annexure-8)

All Applicants who meet the PQ eligibility criteria will qualify for the Technical Qualification Evaluation. This round will comprise of technical evaluation of the product capabilities, product evaluation against the DCER capabilities, evaluation of financial proposals and discounts to RSSDI members.

REQUEST FOR EMPANELMENT OF DIABETES CMS VENDORS

Stage II – Technical Qualification (TQ)

Stage II.1 – Technical Evaluation

Technical proposal criteria comprise **100 marks**. The Applicant must submit all the details as per the technical proposal checklist (Annexure-9).

No.	Technical Evaluation Criteria	Measurement Parameters	Max Marks	Supporting documents
1.	Alignment to RSSDI Expectations	Clearly articulates the understanding of the RSSDI CMS initiative objectives and expectation, post empanelment engagement, and how the Applicant will work with RSSDI-KCDD to meet these objectives and expectations (Section 4.5 and Section 5) – across CMS product, outreach, capacity building support among RSSDI members, etc.	15 Marks	Document explaining the scope, approach and deliverables to meet the requirements
2.	CMS Experience	Active CMS Clients as on 31st August 2025 >=200 Active Clients: 10 Marks >=400 Active Clients: 15 Marks >=600 Active Clients: 20 Marks (Maximum Marks) **Note: One Client = One Billed Doctor Licence. If multiple Doctor licences (say 3 Doctor licences) sold to one organisation, it can be counted as multiple clients (e.g., 3 clients) RSSDI-KCDD may undertake reference checks of these Clients.	20 Marks	- Breakup of the Revenue as per the format (Annexure-5) - Certificate on company letterhead with signature, name, and designation of the authorized signatory (Annexure – 6) 5 client references in the format shared in (Annexure-10)
3.	Diabetes Experience	Active CMS Clients as on 31 st August 2025 with Diabetologists Clinics/Centers	15 Marks	Breakup of the Revenue as per

REQUEST FOR EMPANELMENT OF DIABETES CMS VENDORS

		>= 20 Active Diabetologist Clients: 5 Marks >= 40 Active Diabetologist Clients: 10 Marks >= 60 Active Diabetologist Clients: 15 Marks (Maximum Marks) ** Note: this count will be a subset of the list mentioned as part of the CMS experience.		the format (Annexure-5) Share at least 2 diabetes CMS client references in the format shared in (Annexure-10)
4.	ABDM Compliance	CMS should be ABDM compliant M1 Compliant: 5 Mark M1+M2 Compliant: 7 Marks M1+M2+M3 Compliant: 10 Marks (Maximum Marks) Please note: The Applicant below the M3 compliance level, must share the details of the roadmap and timeline commitment for achieving M3 compliance, no later than 31st March 2026.	10 Marks	Certificate from National Health Authority Or Roadmap and timeline for M3 compliance
5.	Certifications	The CMS vendor must have the following valid certifications: - ISO/IEC 27001:2022 - Information Security Management System (5 marks) - Valid WASA certification valid till at least 31st July 2026 (5 marks)	10 Marks	Copy of valid and active certifications as on 31st Aug 2025
6.	Team Composition	- Clarity of team structure and alignment to project responsibilities, depth of leadership experience, and alignment of skills with the technical and clinical scope of RFE. The sub criteria Include: - Organisational strength – 5 Marks - Leadership team - 5 Marks	10 Marks	Team Org Chart + Key skills + Profile of Leadership team (Annexure- 10)

REQUEST FOR EMPANELMENT OF DIABETES CMS VENDORS

7.	Financial Capability and Turnover	a) The average annual turnover of the applicant or CMS vendor in the last 3 financial years in healthcare IT applications: • More than INR 50 lacs & up to INR 1.0 Crore: 5 Marks • More than INR 1 Crore & up to 2 Crore: 10 Marks • More than INR 2 Crore: 15 Marks Note: This refers to total annual turnover of the company, not just the CMS business. b) The average annual turnover of the applicant or CMS vendor from CMS specific business in the last 3 financial years is more than INR 50 lacs: 5 Marks	20 Marks	Certificate from Statutory Auditor for Financial turnover of applicant or CMS vendor (Annexure-4)
----	--	--	----------	---

Note: Documents to be attached with technical proposal are given in checklist Annexure-9

REQUEST FOR EMPANELMENT OF DIABETES CMS VENDORS

Stage II.2 – DCER Evaluation & Commitment for feature development

The Applicant will perform self-evaluation in the attached SAT sheet against DCER (refer to Annexure – 1). The CMS product will be evaluated based on CMS vendors product maturity as on the date of proposal submission and the commitment to develop features as per defined timelines in the product to achieve compliance with:

- 1) maximum number of the Objective Elements laid by NABH as part of NABH DHS for CMS, and
- 2) maximum number of the Objective Elements laid by NABH as part of NABH DHS for CMS: Diabetes Annexure, mentioned in Annexure - 1.

The Applicant is required to submit a response against **each Objective Element (OE) or Requirement of DCER** and each response against the OE will be scored as follows:

Response on Feature Availability	Marks for OE of DCER
F0 - Feature available (T= Date of submission)	10
F6 - Feature will be ready within T+6 Months	7
F12 - Feature will be ready within T+12 Months	3
F18 – Feature will be ready after T+12 months	0

- A. Please note that Applicants will be evaluated for DCER (Annexure – 1), and total marks obtained after the demo will be considered for evaluation.
- B. RSSDI-KCDD will also invite vendors for a demonstration of CMS product against each functional and non-functional requirement of DCER. The date, time, and location would be communicated to the Applicants by RSSDI-KCDD once the responses are evaluated
- C. The final 'DCER' score will be the actual marks earned after the product demonstration against maximum marks and will be normalised to the maximum marks of 100.**
- D. The applicant or CMS vendor is expected to deliver the functionality within the final timelines post the product demo and evaluation.

NOTE: It is clearly stated that RSSDI-KCDD will review the progress of the RECs against the DCER commitments every 3 months. Not complying with the timelines given to the RFE time commitments could lead to the de-empament of the CMS vendors.

REQUEST FOR EMPANELMENT OF DIABETES CMS VENDORS

Stage II.3 – Financial Evaluation

All Applicants are required to submit the pricing in the template attached in Annexure-12 as part of the evaluation criteria basis assumptions mentioned below.

Single Clinic (Single User) – Annual price for one doctor with single user license – Single Clinic /user.

Additionally, Annual price for additional modules such as Pharmacy, Lab Management, WhatsApp Integration, etc., if charged separately from the core CMS for Single Clinic.

The Applicant should provide pricing for each module, based on the applicability of their product. For example, a vendor offering CMS only for Single Clinics should not submit pricing for the Poly Clinic segment if its CMS product is not suited for multi-doctor/multi-user use. Please refer to Annexure-14 for key terms and Master SLAs that should be used by CMS vendors for pricing.

Applicants in this round, will be evaluated for the total pricing of Single Clinic. The “Financial Score” will be computed against **the median of the lowest 5 financial bids (before discounts) for SAAS based pricing per year for Single Clinic**— called the **Reference Price** for that segment (explained in Annexure – 12), as explained below:

CMS Pricing	Financial Score (Max. of 100 marks)
Below or equal to Reference Price	100
CMS within 150% of the Reference Price	80
CMS within 151-200% of the Reference Price	60
CMS within 201-250% of the Reference Price	40
CMS within 250-300% of the Reference Price	20
CMS above 300% of the Reference Price	0

The Applicant is required to submit the SaaS-based pricing (user based) in the template given in Annexure-12. The pricing would be calculated for a year to compare Applicants.

IMPORTANT NOTES:

- A. RSSDI-KCDD will share the **Reference Price** with RSSDI member clinics. It is clarified that RSSDI-KCDD will NOT share **individual Applicant pricing** with RSSDI member clinics.
- B. Applicants will sell their products directly to RSSDI member clinics, based on the scope of requirements, and commercial terms agreed between Applicants and RSSDI member clinics. RSSDI-KCDD will not issue any direct work order on behalf of any RSSDI member clinics and will not make any direct payment to Diabetes CMS vendors (DCVs). The DCVs can discuss the scope of work of implementation and finalize payment terms and conditions directly with the interested RSSDI member clinics.

REQUEST FOR EMPANELMENT OF DIABETES CMS VENDORS

- c. The purchase of any CMS product based on their specific needs is within the discretion of RSSDI member clinics, and choosing a RSSDI empanelled CMS is not mandatory for them.

Stage II.4 – RSSDI Member Discount

All CMS Vendors are required to submit the best discount (Percentage) it will offer to RSSDI members on its pricing offered in previous section II.3.

The scoring for RSSDI Member Discount will be done as follows:

RSSDI Member Discount	Member Discount Score (Max. of 100 marks)
36+% discount	100
31-35% discount	80
26-30% discount	60
21-25% discount	40
11-20% discount	20
5-10% discount	10

Stage III – Management Presentation

RSSDI-KCDD would shortlist top CMS Vendors based on the overall weighted scores received in technical evaluation across the below listed evaluation areas:

Stage II.1 – Evaluation of Technical Proposal

Stage II.2 – DCER Evaluation & Commitment for Features

Stage II.3 – Financial Proposal Evaluation

Stage II.4 – RSSDI Member Discount

The weightage for these sub-parts is given in Section 4.3. These shortlisted Applicants will be called for a Management Presentation of 30-45 minutes at a designated location, date & time, which will be communicated later.

The purpose of the management presentations would be to allow the applicants to present their ability and commitment to become an empaneled CMS partner with RSSDI-KCDD.

REQUEST FOR EMPANELMENT OF DIABETES CMS VENDORS

The applicants shortlisted based on the total weighted marks of Part II.1, II.2, II.3, and II.4 as part of the Technical Proposal evaluation will be invited for the management presentations.

The management presentation should be focused on covering the following sections (100 marks):

- A. About the Organization (Name, No. of Healthcare IT employees, financial capability, and turnover of last 3 financial years - 2022-23, 2023-24, 2024-25) -1 slide
- B. Understanding of the RSSDI-KCDD CMS Project Objectives and Approach & Methodology (Work plan to comply with DCER and work with RSSDI member clinics) - up to 2 slides
- C. Current client base – including national business split including CMS business (Annexure 6) – 1 slide
- D. Diabetes related experience and capabilities including active clients – 1 slide
- E. Roadmap of CMS product (Key differentiator/USP, use of emerging technology and innovation and product roadmap) - up to 2 slides
- F. Comments/suggestions on proposed key terms of engagement between RSSDI member clinics and CMS VENDOR (Refer Annexure-14)- 1 slide
- G. DCER compliance summary – include number of items under F0, F6, F12, F18 - 1 slide.
- H. Commitment to partner with RSSDI-KCDD in making the CMS initiative successful – including management focus, ability to invest – 2 slides.

4.3 Evaluation Process

The “**Composite Score**” is the weighted score of the Evaluation of the Technical Proposal, DCER evaluation, Financial Proposal evaluation, RSSDI member discount, and Management Presentation.

The weightage against each evaluation criteria is as follows:

Evaluation Criteria	Maximum Marks	Weightage
Stage II.1 - Evaluation of Technical Proposal	100	20%
Stage II.2 - DCER Evaluation and Commitment*	100	30%
Stage II.3 - Financial Proposal Evaluation	100	10%
Stage II.4 - RSSDI Member Discount	100	15%
Stage III - Management Presentation**	100	25%
Weighted Total		100%

* The DCER score will be normalized to a maximum mark of 100. All Applicants irrespective of clinic category, will be evaluated for:

REQUEST FOR EMPANELMENT OF DIABETES CMS VENDORS

- A. **Availability and commitment towards mandatory compliance with NABH Digital Health Standards for CMS: Diabetes Annexure** within defined timelines as submitted in the vendor's proposal.
- B. **Availability and commitment toward mandatory compliance with NABH Digital Health Standards for CMS** within defined timelines as submitted in the vendor's proposal.

**** Note: CMS Vendors based on the total weighted marks of Stage II.1, II.2, II.3, and II.4 will be invited for the Management Presentation.**

4.4 Empanelment letter

RSSDI will onboard the qualified Applicants based on the above selection criteria described in Section 4.3. The process for empanelment is briefly described below.

Ranking of Diabetes CMS Vendors

Based on RFE response, **upto twelve CMS vendors** may be empanelled by RSSDI based on the ranking as per the Composite Score.

Issue of Empanelment letter

A formal engagement between RSSDI and CMS Vendors will be executed. The draft letter of empanelment is attached in Annexure- 13. Some additional processes after empanelment are given in section 5.

4.5 Expectations from Diabetes CMS Vendors

Diabetes CMS Vendors are expected to work closely with RSSDI-KCDD and support the CMS initiative as follows:

- **Adherence to DCER and development timeframe** – Enhance CMS to meet the needs of DCER as per the committed timelines
- **ABDM Compliant product (M1,M2,M3)** – Diabetes CMS Vendor should follow ABDM guidelines (For more details refer to (<https://sandbox.abdm.gov.in/sandbox/v3/>))
- **NABH CMS Certification** – Get certified for NABH DHS for CMS and NABH DHS for CMS: Diabetes Annexure **within 6 months** of getting empanelled.
- **Comply with Security and Data Privacy** – CMS Vendor to comply with core security and data privacy as given in DCER.
- **Training and Support** – CMS Vendor is expected to provide training to users and provide support during implementation and post-implementation of CMS.
- **Clinical KPIs (Key Performance Indicators) / Metrics** – Support reporting of key RSSDI defined clinical metrics, as well as share data with RSSDI for performance benchmarking.
- **Interoperability with other empaneled CMS products** – Comply with interoperability requirements of RSSDI among RSSDI empanelled CMS products.
- **Integration with Blood Glucometers and Continous Glucose Monitoring (CGM) devices** – Comply with integration with consumer medical devices, based on guidelines published by RSSDI-KCDD (expected over next 6-12 months).

4.6 De-Empanelment Process

RSSDI will review the performance of empanelled Diabetes CMS vendors every 3 months. RSSDI reserves the right to withdraw/ terminate the empanelment of Diabetes CMS vendors in any of the following circumstances (but not restricted to):

- A. In case of misleading or exaggerated claims about the empanelment status in any public domain for personal interest
- B. In case the DCV gets blacklisted by the Government of India/State government /Central PSU
- C. The DCV becomes insolvent, or bankrupt, or if a resolution is passed for the winding up of the its organization
- D. Any information provided to RSSDI during the RFE process is found to be incorrect
- E. Empanelment conditions as per the letter of empanelment are not met within the specified period
- F. Evidence is made available that the DCV has breached the copyright laws/ plagiarised from another source.

4.7 Key Terms of Engagement between RSSDI member clinics and REC

The Applicant should review the draft key terms of engagement template prescribed in Annexure-14. Any important proposed changes should be highlighted and shared with RSSDI as part of the Management Presentation. RSSDI would review these changes and may incorporate these suggestions if they deem fit and publish a final key term of engagement document. The final document will be made available on the RSSDI and RSSDI-KCDD website for reference for both RSSDI member clinics and the DCVs.

RSSDI-KCDD acknowledges that each RSSDI member clinic's needs are likely to be different and hence the RSSDI member clinic is free to finalise its key terms of engagement which meet its business needs.

5. Post Empanelment Engagement

This section describes broad items of what will happen after the empanelment process is completed:

5.1. Onboarding Support to CMS and Early Adopters:

- RSSDI-KCDD will provide empanelled CMS vendors with CMS Startup Kit (template SLAs, CMS evaluation and adoption handbook, FAQs and templates of procurement documents)
- RSSDI-KCDD will provide RSSDI member clinics with a CMS Startup Kit.
- RSSDI-KCDD will provide empanelled CMS vendors with templates for various periodic reports
- RSSDI-KCDD will co-ordinate regular meetings with empanelled CMS vendors (individually and as a group).

5.2. Outreach Support for Empanelled CMSs

- RSSDI-KCDD will display logos and contact information of all empanelled CMSs on RSSDI and/or RSSDI-KCDD websites.
- RSSDI-KCDD will create outreach opportunities for CMS vendors (e.g., for product demos, sharing product information).
- RSSDI-KCDD will facilitate early adopters program.
- RSSDI-KCDD will develop case studies, success stories of successful CMS implementation on various forums including RSSDI events.

5.3. Product enhancement support:

- RSSDI-KCDD will form sub committees on specific product enhancements such as core clinical features, clinical data analytics and reporting, etc.
- RSSDI-KCDD will provide clinical domain expertise where needed (incl. UI/UX support)

5.6. Monitoring and Evaluation

- RSSDI-KCDD will conduct quarterly capability reviews to review adoption and track continued compliance with NABH Standards and progress on CMS enhancements as per committed timelines.
- RSSDI-KCDD will conduct yearly reviews for continuation of empanelled CMSs and may empanel new CMSs, at its own discretion.
- Empanelled CMS vendors will provide periodic CMS usage reports to RSSDI-KCDD and will provide MIS reports to RSSDI member clinics in a pre agreed format.

6. Annexures

Annexure – 1 DCER

DCER stands for “Diabetes CMS Empanelment Requirements” which is a minimal set of requirements that RSSDI-KCDD believes any Diabetes CMS should comply with.

The CMS vendors must commit to comply with the Base certification requirements as per the:

- 1) [NABH Digital Health Standards for CMS,](#)
- 2) [NABH Digital Health Standards for CMS: Diabetes Annexure](#)

to apply for the RFE.

The DCER document is an excel sheet and can be downloaded from the RSSDI website.

This DCER excel sheet is a password protected sheet and only the "Feature Status" column can be edited by the Applicant or CMS vendor. To enable editing of the "Feature Status" column, use the password **DCV@2025**.

REQUEST FOR EMPANELMENT OF DIABETES CMS VENDORS

Annexure – 2 Pre-Bid Query Form

No.	Clause No., Page No.	Original clause as in RFE document	Clarification required/Amendment suggested	Reason for amendment (if any)

REQUEST FOR EMPANELMENT OF DIABETES CMS VENDORS

Annexure – 3 Pre-Qualification Checklist

No.	Parameter	Details	Documents Attached
1.	Name of Company/ Firm/Organisation		NA
2.	Name of CMS and Version for which response is being submitted Names of additional modules and version for which response is being submitted		NA
3.	Certificate of registration /Certificate of incorporation	Attach document	Yes/No
4.	PAN No.	Attach a copy of PAN Registration	Yes/No
5.	GST No.	Attach a copy of the GST registration	Yes/No
6.	Undertaking for the number of employees on the payroll of the organization on the letterhead of the organization with the signature, name, and designation of the authorized signatory.	Attach document	Yes/No
7.	Undertaking on non-Judicial stamp paper of INR. 100/-, duly notarized of not being blacklisted by any Government Institution/PSU and declaration of no conflict of interest. As per annexure-7	Attach document	Yes/No
8.	Undertaking on the letterhead of the organization for not being a consortium and not to sub-contract any part of the RFE scope without RSSDI-KCDD's permission.	Attach document	Yes/No

REQUEST FOR EMPANELMENT OF DIABETES CMS VENDORS

Annexure – 4 Financial Turnover Details

No.	Financial Year	Total Annual Revenue (INR)	CMS Revenues* (INR)
1.	FY 2022-2023		
2.	FY 2023-2024		
3.	FY 2024-2025		

* Only include license revenues for CMS product.

Note:

- Please share the Financial Report for the above mentioned period.
- Please provide any additional supporting documents as deemed appropriate.

REQUEST FOR EMPANELMENT OF DIABETES CMS VENDORS

Annexure – 5 Details of Revenue from CMS Business

Based on the revenue breakup as follows:

	CMS Revenue Break-up for 2024-25	
	Generic CMS Revenue (In Rs. lakhs)	Diabetes CMS Revenue (in Rs. lakhs)
CMS Licence Revenue		
CMS Implementation/Configuration Revenue		
CMS Annual Maintenance Contracts Revenue		
Other CMS Revenue (if any)		

REQUEST FOR EMPANELMENT OF DIABETES CMS VENDORS

Annexure - 6 Number of CMS Implementations

Declaration on the organisation Letterhead with Authorised Signatory Details:

Category	Region				
	North	South	East	West	Total
Number of Doctors Using CMS Product					

Include table for each CMS product, in case of multiple products availability.

Zones of India for reference

Zones of India					
West Zone	Rajasthan	South Zone		Andhra Pradesh	
	Madhya Pradesh			Karnataka	
	Gujarat			Lakshadweep	
	Daman & Diu			Kerala	
	Dadar Nagar Haveli			Tamil Nadu	
	Maharashtra			Pondicherry	
	Goa			Andaman & Nicobar	
East Zone	Bihar	North Zone		Jammu & Kashmir	
	Sikkim			Himachal Pradesh	
	Arunachal Pradesh			Punjab	
	Nagaland			Chandigarh	
	Manipur			Uttarakhand	
	Mizoram			Haryana	
	Tripura			Delhi	
	Meghalaya			Uttar Pradesh	
	Assam				
	West Bengal				
	Jharkhand				
	Odisha				
	Chhattisgarh				

REQUEST FOR EMPANELMENT OF DIABETES CMS VENDORS

Annexure – 7 Non-Blacklisting/ Debarment and No Conflict-of-Interest Declaration

<Location, Date>

To

The Secretary General
RSSDI

Subject: Non-Blacklisting/ Debarment and No conflict-of-interest declaration

Dear Sir/Madam,

This is to notify you that our Firm/ Company/ Organisation *<provide Name of the Firm/ Company/ Organisation>* intends to submit a proposal in response to an invitation for RFE dated _____ for empanelment of CMS for the RSSDI-KCDD CMS Initiative. In accordance with the above we declare that:

- a) We are not involved in any litigation that may have an impact of affecting or compromising the delivery of services as required in RFE.
- b) We are not blacklisted/ debarred by any Central/ State Government/ agency of Central/ State Government of India / Public Sector Undertaking/ any Regulatory Authorities in India for any kind of fraudulent activities.
- c) We do not have any conflict-of-interest that exists or that may arise, due to prior, current, or proposed contracts, engagements, or affiliations with RSSDI or RSSDI-KCDD that would adversely impact our ability to fulfil the requirements of this RFE.

Sincerely,

Name [Applicants or CMS Vendor Name]

Title

Signature

Seal

REQUEST FOR EMPANELMENT OF DIABETES CMS VENDORS

Annexure – 8 Undertaking Certificate

We, the undersigned, hereby certify and undertake the following:

1. That we, _____, are applying as a single legal entity for the purpose of this Request for Empanelment (RFE) for Clinic Management System (CMS) Vendors.
2. That we confirm and acknowledge that consortium bidding is not permitted under this RFE, and we are submitting our application solely as an individual organization.
3. That we undertake not to sub-contract any part of the RFE scope without prior written permission from RSSDI.
4. That we further undertake that all information provided by us in response to this RFE is true, correct, and complete to the best of our knowledge and belief.

That in the event of any deviation or false representation, we understand and agree that our application may be liable for rejection without prejudice to any other action deemed appropriate.

Authorized Signatory,

Name: _____

Designation: _____

Signature: _____

Date: _____

Place: _____

(Company Seal/Stamp)

REQUEST FOR EMPANELMENT OF DIABETES CMS VENDORS

Annexure – 9 Technical Proposal Checklist

No.	Parameter	Details	Documents Attached
1.	Name of Company/ Firm		NA
2.	CMS product name: CMS version no.: Additional module name: Module version no.:		NA
3.	Specific commitments and Alignment to meet RSSDI CMS objectives	Attach Document	Yes/No
4.	Financial Capability and Turnover Certificate as per (Annexure – 4)	Attach document	Yes/No
5.	Breakup of the CMS Revenue as per the format (Annexure-5)	Attach Document	Yes/No
6.	Undertaking certificate on company letterhead with signature, name, and designation of the authorized signatory (Annexure – 6)	Attach Document	Yes/No
7.	Five CMS client references (Annexure-10)	Attach Document	Yes/No
8.	Two Diabetes CMS client references (Annexure-10)	Attach Document	Yes/No
9.	Copy of valid and active Certificate of ABDM compliance from NHA Or Roadmap and timeline for M3 Compliance	Attach Document	Yes/No
10.	Copy of valid WASA certification (must be valid till at least 31 st July 2026)	Attach Document	Yes/No
11.	Copy of ISO 27001 certification	Attach Document	Yes/No
12.	Team Composition Checklist (Annexure -11)	Attach document	Yes/No

REQUEST FOR EMPANELMENT OF DIABETES CMS VENDORS

Annexure – 10 References

Details of references

No.	Name of institution	Name of the contact person	Designation/ Role	CMS Product	Type (Diabetes/ Non-Diabetes)	Contact Number	Additional Details
1							
2							
3							
4							
5							
6							
7							

REQUEST FOR EMPANELMENT OF DIABETES CMS VENDORS

Annexure – 11 Team Composition

1. Please provide details of all team members who will be involved in implementing and supporting the CMS solution.
2. Attach supporting documents such as CVs, certifications, and experience letters for verification.
3. Ensure that the information provided is accurate and updated.

Organisational Strength (Maximum 5 Marks)

Provide details of the key technical team members assigned for this project, including their qualifications, certifications, and relevant experience.

Name	Role	Qualification	Certifications	Relevant Experience (Years)

Leadership Team (Maximum 5 Marks)

Provide details of the leadership commitment for the successful execution of this empanelment, highlighting their experience and previous CMS implementations.

Name	Designation	Experience (Years)	Commitment for the empanelment

Additionally share the details of initiatives undertaken by the Leadership for success of this empanelment

Declaration:

We hereby confirm that the above information is true and correct to the best of our knowledge.

Authorized Signatory:

Name: _____

Designation: _____ Date: _____

Seal & Signature: _____

REQUEST FOR EMPANELMENT OF DIABETES CMS VENDORS

Annexure – 12 Proposed Pricing Template for CMS

The proposed pricing template needs to be submitted on the basic assumptions mentioned in the below format.

CMS Product & Version#:	
	Single Clinic (Single User) SaaS pricing per user
Base Subscription Price*	X1 – Rs. XX/year/user
Implementation/ Integration Costs (if applicable)	Y1 – Rs. XX
Addition Modules	
• XXX	Z11 – Rs. XX/year/user
• XXX	Z12 – Rs. XX/year/user
• XXX	
Total Pricing**	X1+Y1+Z11+Z12

Ensure Base Subscription includes all core modules needed by doctor (i.e., all additional modules can be optional). Also, **provide list of all features included in Base Subscription.**

* The submitted pricing should be for a product with features that are/will be compliant with the Basic Level of the NABH Digital Health Standards for CMS, and are/will be compliant to the NABH Digital Health Standards for CMS: Diabetes Annexure.

** For calculating SaaS cost per year, the total price will be a summation of the amount quoted for base modules, implementation costs, and additional modules. For example, for the single clinics it will be:

- X1 is the price quoted by applicant for one subscription for one user.
- Y1 is the price quoted by applicant for one time implementation cost includes deployment, configuration, training & capacity building.
- Zx(1...n) is the total price quoted by Applicant for 1 to n additional modules (e.g., Pharmacy, Lab, WhatsApp integration, etc.)

SaaS pricing per year for Single Clinic = (X1) + (Y1) + Z1(1...n)

REQUEST FOR EMPANELMENT OF DIABETES CMS VENDORS

Annexure – 13 Letter of Empanelment

Letter of Empanelment

Empanelment letter No: XXXXXXXXXX

Date: XX-XX-2025

[Applicants or CMS Vendor Name & Address]

Kind Attn: XXXXXXXXX

Mobile No. XXXXXXXXX

Email ID: XXXXXXXXX

Subject: Empanelment as Diabetes CMS Vendor (DCV) for RSSDI

Dear [Addressee Name],

We are pleased to inform you that your firm has been selected by RSSDI for empanelment as a Diabetes CMS Vendor for the implementation of CMS solutions in RSSDI member clinics.

Please be advised that the empanelment will be initially valid until <December 31, 2027>, from the date of empanelment, based on the terms and conditions outlined in this letter under Part I and Part II.

You are requested to acknowledge receipt of this letter and submit a signed and sealed copy of each paper of this letter, along with annexures and a covering letter, within seven working days from the date of issuance of this letter.

Thank you for your participation in the empanelment process. We look forward to working with you.

Sincerely,

[Authorised representative name, designation]

PART I

Scope of work/Objective of the empanelment

The primary goal of this empanelment is to promote the adoption of Clinic Management System (CMS) across RSSDI member clinics, with a specific emphasis on ensuring that the CMS systems deployed possess sufficient capabilities to support diabetes-related requirements.

To achieve this, DCVs will be actively involved in CMS adoption and implementation process. DCVs will enhance their CMS solutions to meet the specific needs of diabetes care (as defined in the DCER) and make their CMS solutions available to RSSDI member clinics for implementation.

Furthermore, DCVs will work closely with RSSDI-KCDD to ensure that CMS usage is optimized and integrated into existing clinical workflows across RSSDI member clinics.

Early Adoption of CMS Solutions in RSSDI member clinics

RSSDI-KCDD will help DCVs identify early adopter RSSDI member clinics for deploying their CMS solutions. DCVs will work with the selected RSSDI clinics to finalise the pricing and working arrangement. Subsequently, DCVs will engage with the RSSDI clinic(s) to implement the CMS at the respective RSSDI clinic(s). The DCVs will be required to provide required trainings to stakeholders/users to ensure consistent usage of the CMS solution.

Post implementation, RSSDI-KCDD will work with the DCV and the RSSDI member clinic(s) to analyse the effectiveness and usage of the CMS solution and provide feedback.

PART II

General Terms and other Conditions

1. Confidentiality

The DCVs and their personnel shall not, either during the empanelment period or after expiration of this contract, disclose any proprietary or confidential information relating to the services, contract or business or operations of RSSDI or its members without the prior written consent of RSSDI.

2. Use of RSSDI Logo / Information

RSSDI shall provide explicit marketing and communication guidelines for DCVs to communicate their empanelment status. No DCV will use RSSDI or KCDD logo or communicate the empanelment status outside these guidelines. Any deviation from the guidelines will need explicit written approval from the RSSDI-KCDD team.

3. De-empanelment

In the event of any unjustified and unacceptable delay in (a) complying with the DCER or (b) in delivery/installation schedule of CMS at RSSDI member clinics due to reasons attributable to DCV, RSSDI reserves the right to de-empanel REC from the project without any further notice or liability. However, DCV shall be given a warning of 90-day curing period to rectify the delay before de-empanelment is enforced.

4. Termination of Empanelment

RSSDI-KCDD reserves the right to withdraw/ terminate the empanelment of RECs in any of the following circumstances at any point in time:

- i. The DCV getting blacklisted by the Government of India/State government /Central PSU
- ii. The DCV becoming insolvent, or bankrupt, a resolution is passed for the winding up of the DCV's organization.
- iii. Information provided to RSSDI-KCDD is found to be incorrect.
- iv. Empanelment conditions are not met within the specified period.
- v. Misleading claims about the empanelment status are made.
- vi. Not complying with RSSDI defined marketing and communication guidelines
- vii. Clear evidence is received that DCV has breached copyright laws/ plagiarized from another source.
- viii. Evidence of unethical practices to secure the business.
- ix. Inability to execute the work.

5. Placement of work order & Payment Process

RSSDI-KCDD will not issue any direct work order on behalf of any RSSDI member clinics and will not make any direct payment to the DCVs. The DCVs can discuss the scope of work of implementation and finalize the payment terms and conditions directly with the interested RSSDI member clinics contacting them for deployment and implementation of the product.

6. Applicable Law

This empanelment shall be governed by the laws and procedures established by Govt. of India, within the framework of applicable legislation and enactment made from time to time concerning such commercial dealings/processing.

7. Jurisdiction of Courts

All legal disputes between the parties shall be subject to the jurisdiction of the Courts situated in Mumbai, India only.

REQUEST FOR EMPANELMENT OF DIABETES CMS VENDORS

Annexure – 14 Master Service Level Agreement Template: Key Terms of Engagement between CMS Vendor and RSSDI Member Clinics

This Annexure contains key terms of engagement between CMS vendors and RSSDI member clinics. The specific engagement terms will be finalized between RSSDI member clinics and DCV at the time of agreement.

Key Modules & Implementation Timelines	
Key Modules to be implemented	Module 1: ABC Module 2: XYZ Module 3: PQR
Project Implementation	Start Date: End Date:
Service Level Agreement Terms	
SLA – System Response Time	The system shall provide a response time of under 3 seconds for all modules
SLA – Incident Response time	Incident definition - Any event/abnormalities in the service being rendered, that may lead to disruption in normal operations and services to the end user is called an incident. Incident response time definition: Time elapsed from the moment an incident is reported in the CMS vendor's incident registry or over the phone or by any applicable mode of communication, to the time when a resource is assigned for the resolution of the same. Incident resolution time definition: Time elapsed from the moment incident is reported to the incident registry either in person or automatically through the system, to the time by which the incident is resolved completely and services, as promised, are restored. The definitions of Major, Moderate and Minor incidents along with the respective Response Time and Resolution Time is given in Table 14.3 below.

REQUEST FOR EMPANELMENT OF DIABETES CMS VENDORS

SLA - Downtime	Downtime definition: The period for which the specified services/ components/ outcomes are not available in the concerned period. Exclude downtime owing to force majeure & reasons beyond the control vendor e.g., Electricity or Internet outage at RSSDI member clinics. Downtime SLA & Penalties – See Table 14-1 below
SLA - Uptime	Uptime definition: The period for which the specified services/outcomes are available in the period being considered for evaluation of SLA. Uptime (%) = $\{1 - [(Downtime) / (Total\ time - scheduled\ maintenance\ time)]\} * 100$. Downtime SLA: If the services are unavailable (except planned downtime) for the X% of the time in each month, the RSSDI member clinics will receive a credit equal to X% of the monthly service fees for each hour of downtime exceeding the defined threshold.
SLA – Scheduled Maintenance	Scheduled Maintenance definition: The period for which the specified services/components with specified technical and service standards are not available due to scheduled maintenance activity. CMS vendor is required to take approval from RSSDI member clinics at least three weeks before any such activity. SLA: The scheduled maintenance should be carried out during non-peak hours (like post-midnight) and should not be for more than 8 hours. Such planned downtime would be granted of maximum three times a year.
SLA Reporting	CMS vendor shall prepare and distribute the SLA Performance reports in a mutually agreed format by the 5th working day of every month. The reports shall include “actual versus target” Service Level Performance, variance analysis and discussion of appropriate issues on significant events.
Data Availability / Storage / Usage Terms	
Data Archival	Health Service Providers are free to decide when to make a record inactive, however, it is preferable to follow the “three (3) year rule” where all records of a deceased are made inactive three (3) years after death. Source: (https://main.mohfw.gov.in/sites/default/files/17739294021483341357.pdf)
Data Encryption	Data to be encrypted as per MOHFW guidelines 1. Minimum 256-bits key length 2. HTTPS, SSL v3.0, and TLS v1.2

REQUEST FOR EMPANELMENT OF DIABETES CMS VENDORS

	Source: (https://main.mohfw.gov.in/sites/default/files/17739294021483341357.pdf)
Data Privacy	To maintain the privacy and unauthorized disclosure or use of regulated data such as protected person information or Personally Identifiable Information (PII), which is any information someone could use to identify someone or infer their identity. The CMS vendor shall be responsible to maintain data privacy as per the (EHR) STANDARDS FOR INDIA guideline by Ministry of Health & Family Welfare. Data privacy to be maintained as per policy ISO/TS 14441:2013 Health Informatics – Security & Privacy Requirements Source: (https://main.mohfw.gov.in/sites/default/files/17739294021483341357.pdf)
Termination Terms	
Termination Term	RSSDI member clinics reserve the right to withdraw/ terminate the contract with CMS vendor in any of the breaches of contract terms. RSSDI member clinics can terminate the contract by giving a 3-month notice to CMS vendor.
CMS Vendor Termination Obligations	CMS (Clinic Management Systems) vendor termination obligations refer to the legal and contractual responsibilities that an CMS vendor must adhere to when ending a business relationship with a RSSDI member clinic. The CMS vendor must ensure that all patient data and records stored in the CMS system are transferred securely and accurately to the new system selected by the RSSDI member clinics as defined in 14.2

Table 14-1: Downtime Penalty

Any downtime for reasons attributable to the CMS vendor beyond the delivery/installation (where applicable) schedule as per the scope of work will render the CMS vendor liable for penalties or termination. This shall be computed based on the number of hours the CMS is non-functional / non-available / non-responsive during a defined quarter.

No.	Downtime in a Quarter	Penalty
1	0-4 hours	No Penalty

REQUEST FOR EMPANELMENT OF DIABETES CMS VENDORS

2	4-8 hours	2% of applicable quarterly Payment for Support and Maintenance of Integrated CMS of the agreed amount.
3	8-12 hours	4% of applicable quarterly Payment for Support and Maintenance of Integrated CMS of the agreed amount.
4	12-24 hours	6% of applicable quarterly Payment for Support and Maintenance of Integrated CMS of the agreed amount.
5	24-48 hours	8% of applicable quarterly Payment for Support and Maintenance of Integrated CMS of the agreed amount.
6	>48 hours	10% of applicable quarterly Payment for Support and Maintenance of Integrated CMS of the agreed amount. In case the non-availability of CMS in any quarter is greater than 48 hours, it may be treated as a breach of Service Level Standards, which may lead to termination by default.

14.2: Minimum Data Transfer Obligations in case of Contract Termination by a Clinic

1. CMS vendor has to give **exclusive ownership of all data collected and stored** to the RSSDI member clinic.
2. Upon termination, CMS vendor has to transfer all types of data including all patient information with complete medical records, billing information, and any other relevant data related to RSSDI member clinic ("**Transferred Data**").
3. CMS vendor should provide a detailed list of all data elements that will be transferred, including data types, formats, and any associated metadata in the Transferred Data
4. The CMS vendor should provide documentation or training on how to access and use Transferred Data, including any necessary passwords, encryption keys, or other security measures.
5. The CMS vendor should work closely with the new vendor to ensure a smooth transition of transferred Data and to address any issues that may arise during the handover process.
6. CMS Vendor should support new CMS vendor in the pre-load data verification and post-load verification of Transferred Data.
7. CMS Vendor will delete ALL patient and hospital data once the data transfer is successfully completed, and give written confirmation that the deletion is completed
8. CMS Vendor will bear the cost of making the Transferred Data available to RSSDI member clinic. For any additional support needed, CMS vendor and RSSDI member clinic will mutually determine the costs of such support.

REQUEST FOR EMPANELMENT OF DIABETES CMS VENDORS

Table 14.3: SLA- Incident Response time

Incident Type	Major	Moderate	Minor
Incident Definition	CMS Solution down impacting critical business functions or multiple modules/functions down, resulting in inability to perform core clinical or administrative operations (e.g., registration, billing, prescriptions).	CMS Solution down with one module/functionality impacting critical business functions and significantly hindering daily operations. Alternative workflows may exist but are inefficient.	Loss of business functionality for end user(s) impacting day-to-day operations in a limited manner, or minor/non-core functionality down (e.g., cosmetic issues, report formatting) with no major disruption.
Response Time Target	Within 30 minutes	Within 1 hour	Within 2 hours
Working Hours	24*7	24*7	Business hours of support team
Resolution Time Target	Within 4 hours	Within 8 hours	Within 1 business day



RSSDI-Koita Centre for Digital Diabetology