

**REQUEST FOR PROPOSAL  
( R.F.P. )**

**ON**

**BPL / AAY,**

**PENSIONERS**

**HEALTH INSURANCE SCHEME**

**ANDAMAN & NICOBAR ISLANDS**

**- 2011 -**

**REQUEST FOR PROPOSAL (RFP)**  
**BPL & PENSIONERS HEALTH INSURANCE SCHEME**  
**Andaman & Nicobar Administration**  
**Directorate of Health Services,**  
**Port Blair.**

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Request for Proposal (RFP) is invited from **General Insurance Companies (Licensed and Registered with IRDA) for providing Health Insurance Cover in Andaman & Nicobar Islands.**

Bid documents can be downloaded from website [www.and.nic.in](http://www.and.nic.in) *or can also be obtained from below mentioned address on any working day.*

The technical and financial bids should be sealed by the bidder in separate envelopes duly super-scribed and both these sealed envelopes are to be put in a bigger envelope which should also be sealed and duly super-scribed.

The Technical bids will be evaluated an Evaluation Committee duly constituted by the Director of Health Services, Andaman & Nicobar Islands, Port Blair. Financial bids of only the technically acceptable offers shall be opened.

Following schedule will be observed in this regard.

- 1. Pre bid Conference :**
- 2. Last date for submission of bid documents :**
- 3. Opening of technical bids :**
- 4. Evaluation of Financial bids : Date will be declared later on.**

Complete RFP documents should be submitted at the address mentioned below by **06.06.2011 at 1500 hrs.** Bids received later than the prescribed date and time will not be considered.

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Andaman & Nicobar Islands,  
Port Blair – 744 104  
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All correspondence / communications on the scheme should be made at the above address only.

## **BPL / AAY, PENSIONERS AND PERMANENT RESIDENTS OF A & N ISLANDS HEALTH INSURANCE SCHEME**

The Union Territory of Andaman and Nicobar Islands is situated at a distance of 1255 kms. from Kolkata and 1190 kms. from Chennai. The current population of the islands is projected as approx. 4.50 lakhs, concentrated mainly in 36 large and small inhabited islands.

There is vast network of Health Infrastructure in the form of 114 Sub-centres, 19 PHCs, 4 CHCs, 9 Ayush Dispensaries, 5 UHCs, 1 AYUSH Hospital, 2 District Hospitals and 1 State Referral Hospital (GB Pant Hospital) in the islands. All medical facilities are provided totally free of cost to the entire population.

The 450 bedded state referral hospital, viz, G.B. Pant Hospital, situated at Port Blair has limited specialties. A number of patients require referral to mainland hospitals for specialized treatment.

People of BPL/AAY category requiring specialized treatment at mainland, on referral, are provided financial assistance of upto Rs.1.5 lakhs from Rashtriya Arogya Nidhi, which can be availed only once in the life time. Approximately 16,000 families hold BPL/AAY cards.

The employees of the Administration are entitled to reimbursement for medical attendance and treatment under the **Central Services (Medical Attendance) Rules [CS (MA) Rules]**, 1944. These CS (MA) Rules, however, are available only to the serving employees and pensioners are not covered under these rules. Apart from the free medical facilities available in the islands, pensioners are paid a sum of Rs.300 p.m. for meeting their medical expenses. Those requiring specialized treatment at mainland have to meet the expenditure on their own. Approx. 18510 employees have retired over the years since 1981.

There is no scheme to provide financial assistance of any sort to other residents of A & N Islands, requiring specialized treatment at mainland.

With limited specialties available in the G.B. Pant Hospital, the lone referral hospital of A & N Islands, Andaman & Nicobar Administration proposes to provide Specialized Health Care Services to all persons of the BPL/AAY Category, retired employees, pensioners and permanent residents (with specific income limit) requiring referral to mainland hospitals, through a Health Insurance Scheme.

Insurance Companies have developed Customer-**friendly** features such as “Cashless Service” through Empanelled Hospitals/Nursing Homes at various locations in the country and have made substantial investments in IT- enabled data-management tools, resulting in almost real-time service.

With the introduction of **Health Insurance Scheme**, the persons requiring referral to mainland would be able to take specialized treatment at Govt. Recognized Hospitals through **Cashless Service**. The selected **Insurance Agency** would have to meet the expenditure incurred on treatment/passage.

The Director of Health Services, Andaman & Nicobar Islands, Port Blair **invites competitive sealed RFP from IRDA registered General Insurance Companies** dealing with Health Insurance and having requisite experience etc. as detailed in RFP documents. Financial bids of only those companies that are selected on the basis of the technical bid will be opened.

**The General Insurance Companies that are in agreement with Scheme and its clauses, only need to participate in the bidding and any disagreement in this regard may invite disqualification / rejection of bid at technical level.** Hence all the companies are requested to go through the Scheme carefully and submit their agreement in specific format given in the bid.

**Notwithstanding anything contained in this document, The Director of Health Services, Andaman & Nicobar Islands, Port Blair** reserves the right to accept or reject any Bid or annul the Bidding process and reject all Bids at any time without any liability or any obligation **for such rejection or annulment, without assigning any reasons thereof.**

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## PART – I SECTION – A

### THE SALIENT FEATURES OF BPL/AAY, PENSIONERS AND PERMANENT RESIDENTS HEALTH INSURANCE SCHEME

#### 1. NAME OF THE SCHEME

The name of the proposed scheme is “**BPL/AAY, Pensioners and Permanent Residents Health Insurance Scheme**”.

#### 2. BENEFICIARIES

All persons holding **BPL/AAY Cards, Retired Govt. Employees and Permanent Residents of Andaman & Nicobar Islands and their dependent family members** (with family income upto 03 lakhs and are not Govt. Servants) **shall be offered Health Insurance Scheme.**

#### 3. TARGET GROUP

**It is estimated that approximately 16000 BPL/AAY, 18510 Pensioners** shall be offered this Scheme. The number of permanent residents eligible for the scheme needs to be assessed.

#### 4. INSURANCE COVERAGE

- a) **IN-PATIENT BENEFITS** – The Insurance Scheme shall pay all expenses incurred in course of **inpatient medical treatment** availed of by the beneficiaries in Empanelled Hospitals/ Nursing Homes (**24 hours admission clause**) **within the country**, arising out of either illness/disease/injury and or sickness. **These package rates shall mean and include travel expenses (to and fro) by Ship/Air. Lump sum cost** of In-patient Treatment for which the beneficiary is admitted from the time of admission to discharge including (but not limited to) Registration charges, Admission charges, Accommodation charges including Patients diet, Operation Charges, Injection charges, dressing charges, Doctors/Consultant visit charges, ICU/ICCU charges, Monitoring charges, Transfusion charges, Anesthesia charges, Pre-anesthetic checkups, Operation Theater charges, Procedural Charges/Surgeon charges, Cost of surgical disposables and sundries used during hospitalization, Cost of Medicines and Drugs, Blood, Oxygen etc, Related routine and essential diagnostic investigations, Physiotherapy charges etc, Nursing care and charges for its services. The list is an illustrative one only.

#### **NOTE:**

In case of **organ transplant**, the expenses incurred for the Donor are also payable under the Scheme.

- b) **COVERAGE OF PRE-EXISTING DISEASES:** All diseases requiring referral in mainland hospital for specialized treatment shall be covered from day one under the Scheme. A person suffering from any disease prior to the inception of the policy shall also be covered.

c) **DAY CARE PROCEDURES:** Given the advances made in the treatment techniques, many medical treatments formerly requiring hospitalization, can now be treated on a day care basis. The scheme would **also provide for Day Care facilities** for such identified procedures under following heads:

1. Eye Surgery
2. Surgery of Nose/Throat / Ear
3. Surgery of Urinary System
4. Genital Surgery
5. Operations on The Breast
6. Dental
7. Few Gastrointestinal Surgery
8. Operation of the skin and subcutaneous tissue.
9. Chemotherapy/Radiotherapy
10. Treatment related to dog bite/snake bite etc.
11. General Surgery/Procedures
12. Treatment of fractures/dislocation, Contracture releases and minor reconstructive procedures of limbs which otherwise require hospitalization
13. Reconstructive Surgeries
14. Other Operations/Procedures
15. Laparoscopic therapeutic surgeries under day care
16. Identified surgeries under General Anesthesia or any procedure mutually agreed upon between insurer and health care provider.

**Note:** OPD services shall **not be part of Day Care** facilities.

**In Annexure-14: Few procedures have been listed against the head mentioned above. Insurer is required to add more Day Care Procedures in the list.**

d) **THE EXPENSES INCURRED FOR TREATMENT TAKEN IN EMPANELLED HOSPITALS/ NURSING HOMES** by the beneficiaries suffering from **such disabilities** as defined in “Section 2 (i) of the person with disabilities (equal opportunities, protection of rights and full participation) Act, 1995 (No: 1 of 1996)” which includes blindness, low vision, leprosy–cured, hearing impairment, locomotors disability, mental retardation, mental illness etc. are also payable irrespective of age.

## 5. FAMILY

### A. Age limit of dependent beneficiary includes:-

1. **Son** - Till he starts earning or gets married or attains the age of 25 years, whichever is earlier;
2. **Daughters** - Till she starts earning or gets married, irrespective of age limit whichever is earlier. Further, Dependent divorced/abandoned or separated from their husband and widowed daughters – irrespective of age limit.
3. **Sisters** - Dependent unmarried /widowed / divorced/ abandoned / separated from their husband – irrespective of age limit.
4. **Daughter in law**- Widowed - irrespective of age limit.
5. **Brothers** – Upto the age of becoming a major.
6. **Dependent Parents.**
7. **Earning Criteria** – The annual earning income of the family including the earning of the dependent should not be more than 3.00 lakhs per annum.

## **B. Addition & Deletion of Family Members during currency of the policy:**

- i) **Addition to the family** is allowed in following contingencies during the policy:
  - a) Marriage of the health insurance beneficiary (requiring inclusion of spouse's name), or
  - b) Parents becoming dependent.
  
- ii) **Deletion from Family is allowed in following contingencies:**
  - a) Death of covered beneficiary,
  - b) Divorce,
  - c) Member becoming ineligible (on condition of dependency)

## **C. New Pensioners**

- a) As regards the **new pensioners** the coverage in the Insurance Scheme is **compulsory**. The data of such employees/pensioners will be collected from the various departments.
- b) The Pay and Account Offices of Andaman & Nicobar Administration would provide the data to the insurer. Each of the New Pensioners of the A & N Administration would be provided with the **enrollment form which needs to be filled in** and submitted.
- c) The said employees would have to be **covered in the Insurance Scheme from the date of retirement**. Thus for them the inclusion in the policy will be made by charging the pre defined monthly prorata premium rate which would be less than the yearly premium rate.

## **6. SUM INSURED AND BUFFER / CORPORATE SUM INSURED**

### **A. SUM INSURED:**

The Scheme shall provide coverage for meeting all expenses relating to hospitalization of beneficiary **up to ` 5.00 lakhs per family per year** in any of the Empanelled Hospital/Nursing Home subject to CGHS Package Rates on cashless basis. The benefit shall be available to each and every member of the **family on floater basis** i.e. the total reimbursement of ` 5.00 lakhs can be availed by one individual or collectively by all members of the family. **Additional dependent beneficiary** shall get the benefit within the basic Sum Insured of ` 5.00 lakhs.

**All benefits shall be available to the HIS beneficiaries as per CGHS packages. These rates have three categories i.e. Private Ward, Semi Private Ward and General Ward. Entitlement to the beneficiaries is defined under clause 10.**

**BUFFER / CORPORATE SUM INSURED:**

An additional Sum shall be provided by the Insurer as Buffer/Corporate Floater. This will be used in case hospitalization expenses of a family exceed the original sum insured of ` **5.00 lakhs**. Insurer is required to inform the Nodal Agency with the **details on case to case basis electronically.**

**7. PAYMENT OF PREMIUM:**

As the policy would be renewed every year, there is an element of uncertainty in the level of premiums depending upon the actual number of enrolment and claims submitted and the inflow into the fund.

To ensure a certain degree of stability, premiums **for a period of 5 years**, may be quoted.

**NOTE:**

- a) The premium shall include the Management cost, intermediary cost and burning cost (claims paid and outstanding) etc. If claim ratio is less, the premium can be taken care by **refund clause mentioned at Sr. No. 9.**
- b) The **advance premium for a certain %age of assured families will be paid in advance** to the Insurer for the families to be enrolled during the policy period. This premium will also take care of the families inadvertently missed for any reasons.
- c) The **enrolment period** shall be for **180 days** in the case of retired employees from the date of introduction of the Scheme. The enrolment period of Permanent residents, BPL/AAY card holders of A&N Islands shall also be for **180 days** from the date of introduction of the scheme. In this case, full premium shall be paid. No enrolment shall be allowed after fixed days from the date of introduction of the Scheme **or as decided by A & N Administration. Full premium** will be paid to the Insurer, if, the period of enrolment is extended, however, the policy end date shall be one.
- d) In the case of **new retirees**, the enrolment will continue throughout the year. In this case, premium will be paid on **pro rata basis** based on monthly calculation.
- e) Insurer will submit the **statement** along with the details of enrolment in a prescribed format on **Quarterly** basis or as required.
- f) Insurer will **immediately submit the details** of the beneficiaries, in case the **premium paid is utilized to the extent of 90%**, enabling the A & N Administration to release the provisional premium to take care of the enrolment of beneficiaries for the remaining period of policy.
- g) **CGHS published rates** on MOHFW website is of **Semi Private Ward. 15% increase** to these rates is applicable to Private ward. **10% decrease** to these rates is applicable to General Ward.
- h) **CGHS rates are likely to be revised in near future.** It is expected to be **increased approximately in the range of 10-15%**, therefore, Insurers are required to **consider this aspect** while quoting the premium for the Health Insurance scheme.

- i) **Reconciliation** of premium paid to the Insurance Company would be carried out at the end of the year. **This will be done category wise on actual number of enrolment.**

## 8. ADJUSTMENT OF SURPLUS PREMIUM/REFUND OF PREMIUM:

If there is a surplus after the pure claims experience on the premium (excluding Service Tax) at the end of the policy period, after **providing 25% of the premium paid** towards the Company's administrative cost, **in the balance 75%** after providing for claims payment and outstanding claims, **90% of the left over surplus** shall be adjusted with renewal premium or will be refunded by the insurer to the A & N Administration within 30 days after the expiry of the policy period.

## 9. PERIOD OF INSURANCE AND PERIOD OF CONTRACT:

**The Scheme will be introduced from a date agreed by A & N Administration as per MoU.** The period of Insurance Contract will be for five years from the effective date; subject to renewal of policy on yearly basis based on parameters fixed by the Nodal Agency up to the period of contract. **The Director of Health Services, A & N Islands, Port Blair shall have a right to enter into one year Insurance Contract.**

## 10. ELIGIBLE HEALTH SERVICES PROVIDERS:

A. The Health Care Insurer needs to empanel sufficient number of Centre/State Govt. recognized hospitals for particular specialties at Chennai and Kolkata which are the nearest ports. The Insurer is also required to reimburse appropriate ship/air fares (applicable for patients referred by air) till the nearest port and shall also include return ship fare to Port Blair. The fare to be reimbursed would be as per last entitlement in respect of pensioners and for others it would mean the lowest fare.

### B. Contribution by Pensioners:

A compulsory monthly contribution on a graded scale is levied on all the entitled classes of Government Servant/Pensioners as indicated below:-

Basic pay plus Dearness Pay or Basic Pension plus Dearness Pension	Monthly CGHS Contribution (in Rupees)
Upto Rs.3000/-	Rs.15/-
From Rs. 3001- 6000	Rs.40/-
From Rs.6001 to 10000	Rs.70/-
From Rs.10001 to 15000	Rs.100/-
Rs.15,001 and above	Rs.150/-

**Note:-** Revised Basic Pension with Grade Pay etc. on implementation of the 6<sup>th</sup> CPC with effect from 01.01.2006 has not been received for the CGHS monthly contribution, as such the existing rate of contribution shown above effective from 01.04.2004 is made applicable)

### i. Package rates :-

a) **These package rates shall mean** and include lump sum cost of inpatient treatment/day care/diagnostic procedures for which HIS beneficiary is admitted from the time of admission to discharge including (but not limited to) Registration charges, Admission charges, Accommodation charges including Patients diet, Operation Charges, Injection charges, dressing charges, Doctors/Consultant visit charges, ICU/ICCU charges,

Monitoring charges, Transfusion charges, Anesthesia charges, Pre-anesthetic checkups, Operation Theater charges, Procedural Charges/Surgeon charges, Cost of surgical disposables and sundries used during hospitalization, Cost of Medicines and Drugs, Blood, Oxygen etc, Related routine and essential diagnostic investigations, Physiotherapy charges etc, Nursing care and charges for its services. The list is an illustrative one only.

b) **Entitlement of Ship/Air fare re-imburement** – The following Ship fare shall be re-imbursed to different category of patients as per their entitlement:-

- (i) All the Group 'A' retired officers- First/'A' Cabin class
- (ii) All the Group 'B' retired officers- Second/'B' Cabin Class
- (iii) All the Group 'C' & 'D' Retired officers, and all other categories of patients including BPL/AAY, permanent residents etc.- Bunk Class/Lowest class of ship fare.

**Note:-** If the above categories of patients are availing I.A.flight due to non-availability of entitled ship ticket, they shall be re-imbursed to the actual cost of ship fare of their entitlement.

c) **In order to remove the scope of any ambiguity** on the point of package rates, it is reiterated that the package rate for a particular procedure is inclusive of all sub-procedures and all related procedures to complete the treatment procedure. The patient shall not be asked to bear the cost of any such procedure/item.

d) **No additional charge on account of extended period** of stay shall be allowed, if, that extension is due to infection or the consequences of surgical procedure or due to any improper procedure and is not justified.

e) **Cost of implants** is payable in addition to package rates as per CGHS ceiling rates for defined implants. In case **there is no CGHS prescribed** rates for such implants essentially required for the treatment, the rates fixed by All India Institute of Medical Sciences (**AIIMS**) shall apply.

f) **Cost of External Equipments** required for treatment as listed in CGHS Scheme (**Appendix - A**) is also payable in addition to package rates as per CGHS ceiling rates for defined External Equipments.

g) **Package rates envisage duration of indoor treatment as follows:**

- **Upto 12 days:** for Specialized (Super specialty) Treatment.
- **Upto 7 days:** for other Major surgeries.
- **Upto 3 days:** for Laparoscopic surgeries/ Normal delivery.
- **1 day:** for Day Care/ Minor surgeries

h) **Entitlements for various types of wards:** CGHS beneficiaries are entitled to facilities of Private Ward, Semi-Private Ward or General Ward depending on their pay drawn in pay band/ pension. These entitlements are amended from time to time and the latest order in this regards needs to be followed.

**Note:-** Normally treatment in higher category of accommodation than the entitled category is permissible. However, in case of any emergency when the entitled category accommodation is not available, admission in the immediate higher category may be allowed till the entitled category accommodation becomes available. However, if a particular hospital does not have the ward

as per entitlement of beneficiary, then the hospital can only bill as per entitlement of the beneficiary even though the treatment was given in higher type of ward.

The entitlement is as follows:-

S.No.	Entitlement	Pay drawn in pay band/Basic Pension
1.	Private Ward	Rs. 19,540/- and above
2.	Semi-Private Ward	Rs. 13,951/- to 19,530/-
3	General Ward	Up to Rs. 13,950/-

1. **Private ward** is defined as a hospital room where single patient is accommodated and which has an attached toilet (lavatory and bath). The room should have furnishings like wardrobe, dressing table, bed side table, sofa set, carpet, etc. as well as a bed for attendant. The room has to be air-conditioned.
2. **Semi Private Ward** is defined as a hospital room where two patients are accommodated and which has attached toilet facilities and necessary furnishings.
3. **General ward** is defined as a hall that accommodates four to ten patients.
4. **Entitlement for the Islanders:** All the permanent residents and the BPL/AAY Cards holders of the A&N Islands are entitled to the General Ward only.

**NOTE:**

- a) Any change in the entitlement of the category of the beneficiary shall not be permissible during the currency of the policy. The changed entitlement shall be effective from the renewal date. The request is to be made by the beneficiary 60 days prior to the expiry of the policy.
- b) **Treatment in higher Category** of accommodation than the entitled category is not permissible.
- c) The **applicable CGHS rates under the Scheme** would be for the policy period and shall not be amended during the currency of the policy. Rates for such procedures which are not in the CGHS list, can only be considered, if, finalized during the policy period.
- d) **Procedures will be subject to Cashless services** and a preauthorization procedure, as per **Clause – 11**.
- e) **Single package rates for each State have been identified for the application of CGHS package rates uniformly in respective State.**

**i. Maintaining the necessary records** as required and the Insurer or his Representative/A & N Administration will have an access to the records of the insured patient.

**ii. Allowing the Insurer or his representative / A & N Administration** to visit, carry out the inspection as and deemed fit.

- iii. The Empanelled Hospitals/Nursing Homes **be legally responsible for user authentication.**
- iv. These empanelled Hospitals/Nursing Homes must have the capacity to submit **all claims / bills in electronic format** to the Insurance Company and must also have dedicated equipment, software and connectivity for such electronic submission.
- v. The provider should **have suitable backup arrangements**, so that in the event of any unforeseen situations, the affected portion of the data should be retrievable in totality.
- vi. In case the CGHS **approved rates are more than what is being charged for same procedure from other (non-CGHS)** patients or institutions, then the hospital has to offer the same reduced rates for the said procedure by allowing appropriate discount to HIS.
- vii. **Any tax payable** by the hospital to Government as per direction of CBTD, on account of service rendered to HIS beneficiaries, the same shall be deducted by the insurer and will be deposited to specific head. A certificate shall be issued by the Insurer accordingly.
- viii. The Hospital agrees that any **liability arising due to any default or negligence** in providing or performance of the medical services shall be borne exclusively by the hospital who shall alone be responsible for the defect and / or deficiencies in rendering such services.
- ix. Has to **display its status of being a preferred provider of HIS** at the reception/admission desks and to keep the displays and other materials supplied by the Insurer for the ease of beneficiaries, A & N Administration and Insurer.
- x. Agrees to provide a **separate help desk** headed by paramedical for providing the necessary assistance round the clock to the HIS beneficiary.

**B. Additional following Benefits to be provided by Empanelled Hospitals/Nursing Homes to the HIS Beneficiaries:**

In addition to the benefits mentioned above, both Empanelled Public and Private Hospitals/Nursing Homes should be in a position to provide **following additional benefits to the HIS beneficiaries :**

- 1) Free **OPD consultation** including pre and post hospitalization check ups.
- 2) CGHS rates for **diagnostic test** under OPD.

**C. Delisting of hospitals:**

Empanelled Hospitals/Nursing Homes would be **de-listed by the Insurer** from the HIS network, if, it is found that guidelines of the Scheme are not followed by them and

services offered are not satisfactory as per laid down standards. This information is to be **uploaded on the website** by the information regularly.

## **11. CASHLESS ACCESS SERVICE:**

The Insurer has to ensure that all HIS beneficiaries are provided with adequate facilities so that they do not have to pay any deposits at the commencement of the treatment or at the end of treatment to the extent the Services are covered under the Scheme. The service provided by the Insurer and the responsibilities of the Insurer as detailed in this clause is collectively referred to as the **“Cashless Access Service.”**

The services have to be provided by the Empanelled Hospitals/Nursing Homes to the beneficiary based on authentication only without any delay. The beneficiaries shall be provided treatment free of cost for all such ailments covered under the Scheme within the limits/sub-limits of defined package rates and sum insured, i.e., not specifically excluded under the scheme.

### **A. Pre-Authorization for Cashless Access in case of Emergency/Planned Hospitalization for Listed /Non Listed packaged procedures:**

Packaged procedures would mean the rates for various procedures approved by the CGHS based on city. It would be the responsibility of the Insurer to have all Empanelled Hospitals/Nursing Homes/ agreed to the same.

Once the **identity of the beneficiary and/ or his/her family member is established following procedure shall be followed** for providing the health care facility listed/not listed in packages.

Request for Authorization shall be forwarded by the Empanelled Hospitals/Nursing Homes after obtaining due details from the treating doctor in the prescribed format i.e. **“Request for Authorization Letter” (RAL)**. The RAL needs to electronically sent to the 24-hour Authorization /Cashless department of the Insurer along with contact details of treating physician, as it would ease the process. The medical team of Insurer would get in touch with treating physician, if necessary. The Insurer would fix the requisite modalities to ensure smooth cashless access service for the beneficiary.

## **12. RUN-OFF PERIOD**

A Run-Off period of one month will be allowed **in case of cancellation/ non renewal of the policy**. This means that preauthorization's done till the cancellation/ non renewal of the policy period and treatment/surgeries for such preauthorization's done up to one month after the expiry of policy period, all such claims will be honored.

## **13. CLAIM SETTLEMENT**

The Empanelled Hospital/Nursing Home shall be reimbursed the cost of treatment as per CGHS Package Rates with hospitals. The Insurance Company shall settle the claims of the Hospitals/Nursing Homes **within 15 days of receipt of the complete bills** along with the discharge summary and satisfaction letter of the patient. The claim **settlement progress** will be scrutinized and reviewed by A & N Administration.

#### 14. REPUDIATION OF CLAIMS

In case of any **claim being found untenable**, the Insurer shall communicate reasons to the Health Care Provider, Designated Authority of A & N Administration with a copy to the Beneficiary. All such claims shall be reviewed by the **Administration** on quarterly basis.

#### 15. RIGHT OF APPEAL AND REOPENING OF CLAIM

The Empanelled Hospitals/Nursing Homes shall have a right of **appeal to A & N Administration** against the Insurer, if, the Health Care Provider feels that the claim is payable. The Central Committee can re-open the claim, if, proper and relevant documents as required are submitted. The **Committee shall be headed by** nominated official of A & N Administration and have the representative from Insurance Company, Nominated member from Pensioners Association and nominated member of Health Care Provider as a member.

#### 16. REVIEW OF PAID CLAIMS

The A & N Administration will have the right to reopen a settled claim and to direct the Insurer to settle for an appropriate amount within a period of 3 months of payment of the claim. The Insurer further agrees to provide access to the Central Committee their records for this purpose. All the claims settled by the Insurer to the Empanelled Hospitals/Nursing Homes based on the bills received from the hospitals in conformity with the CGHS package rate arrived at and also based on the pre-authorization given by the Insurer will be reckoned as final and will not be subject to any reopening by any authority except the Central Committee.

#### 17. ENROLMENT:

The enrolment of the beneficiaries would be undertaken by the Insurance Company selected by A & N Administration. The Insurer shall enroll the beneficiaries as per procedure laid down below and shall issue ID cards as per A & N Administration specifications and handover the same to the HIS beneficiaries.

- (a) **Advance publicity** shall be given by the Insurer and A & N Administration through various media sources like advertisement in local newspapers, Cable network etc.
- (b) The Scheme as well as the **enrolment form would be made available by the Insurer and also be put up on the web-site** of A & N Administration on a permanent basis.
- (c) The enrolment period in the first year shall be **180 days in the case of retired employees** from the date of enrolment or as **decided by the Nodal Agency**. However, in the case of new retirees the enrolment will continue throughout the year.
- (d) Insured will have the option to change the details regarding dependent beneficiary in the ID card; however the total number of dependents cannot be more than the number fixed at the time of renewal at designated district Kiosk setup by the insurer **within 60 days** prior to the expiry period of the policy.

- (e) The Insurer will arrange for **preparation of the ID Card** as per the Guidelines provided.
- (f) At the time of **delivering the ID Card**, the Insurer shall **provide a booklet (bilingual)** along with ID Card to the HIS beneficiary indicating the list of the Networked Hospitals/Nursing Home, the availability of benefits and the Names and details of the Contact Person/Persons, and Toll-Free Number of Call Centre. To prevent damage to the ID card, a **plastic jacket** should be provided to keep the card.
- (g) If the **ID Card is lost within the policy period**, the beneficiary can get a new card issued at the designated Office, by paying to the insurer, a **pre-defined fee mutually agreed** by A & N Administration.
- (h) To address the **problems of incorrectness**, etc and enrolment could not be done by the beneficiary for any reason; the same would be done at designated Office by the Insurer.
- (i) Any BPL / AAY / Pensioner / Permanent Resident who opts for the Insurance Scheme shall remain the member of the Scheme with **future renewals automatically awarded** unless he/she opts out of the Scheme. The beneficiary is required to submit a declaration to the Administration for **discontinuation from the Scheme 90 days prior to expiry of the policy**. In such cases, the benefits shall cease on the expiry of the policy.
- (j) **Provision of Personal Health Record (PHR) and Wellness**. PHR to be made available to beneficiary on a web based platform for portability.

## 18. ENROLMENT PROCESS

The process of enrolment shall be as under:

### A. Beneficiaries:

1. Departments and offices will **call for options from beneficiaries** to join voluntary HIS with or without existing CGHS/CS (MA) benefits (applicable for retired employees).
2. A & N Administration would be the **contact point** for the Insurance Companies.
3. Beneficiary **shall fill up enrolment form** giving details about self and family and authorization form for deducting the contribution and submit 2 recent passport size photographs of the family each (individual) to DDO / Nodal Officer. The enrolment form shall also have the beneficiaries bank account number. The details of the beneficiary and dependent members to be covered along with recent passport size photo and **copy of enrolment form will be handed over to Insurance Company**.
4. The **Insurer shall arrange to collect** the enrolment form & family photograph from the respective DDOs/ Nodal Officers under acknowledgement and shall issue ID Cards on the basis of information received of the beneficiaries for enrolment.
5. ID Cards along with the enrolment kit **shall be sent by the insurers** directly to the insured persons at their respective mailing addresses at insurer's cost within 7 days.

6. All these **activities shall have to be uploaded** on the Insurer's server on a read only access, a link, shall be provided to the officials / departments as may be authorized by the Administration.
7. For the BPL/AAY and permanent residents category beneficiaries, adequate advance publicity would have to be ensured by the Insurer and Administration through various media sources like advertisement in local news papers, cable networks, through Revenue and PRI machineries, etc.

**B. Retired Employees:**

1. In case of Retired Employees, **advance publicity** shall be given by the Insurer and A & N Administration through various media sources like advertisement in local newspapers, Cable network etc.
2. A notice would be **posted in the pension paying branches** of the Banks etc. / post offices giving details of proposed Scheme.
3. Information **would also be disseminated** through Pensioners Associations and other related agencies.
4. **Enrolment forms would be made available** by the Insurer with Pension Paying Branches/ Post Offices as well as on the website of the A & N Administration.
5. The **enrolment process for the pensioners shall continue** as per schedule agreed by the A & N Administration. The Insurer in consultation with A & N Administration shall chalk out the enrolment programme by identifying enrolment stations **at Insurers Office** to complete the task in scheduled time.
6. Retired employees opting for the Scheme would **fill up the enrolment** form giving details relating to Self and Dependent family members **along with the proof of self and dependents** as per HIS Guide Line along with **2 recent passport size photos each** at Insurers office for enrolment under the scheme along with **his /her first subsidized contribution** by cheque only. The enrolment form shall also have the beneficiaries bank account number.
7. Insurance companies will issue **Scanned Photo Document to Pensioners** on the basis of information received at the time of enrolment of the Beneficiaries.
8. ID Cards along with the **enrollment kit shall be sent** by the Insurers directly to the Beneficiaries at their respective mailing addresses at Insurer's cost.
9. Copy of enrolment form along with the ECS authorization form would be sent to **Central Pension Accounting Office** for preparation of the data. Central Pension Accounting Office will pass on the **ECS authorization form** of the pensioners to the respective pension paying units for deduction of premium for future renewals for the **purpose of continuing as a member** of the Insurance Scheme.

**C. For Future Pensioners:**

- a. All **Future Pensioners** shall be covered under HIS.
- b. At the time of their **entry into or retiring from service** they are required to carry out certain documentary **formalities**. Enrollment into HIS shall be dovetailed to such activities and the documentation for the same shall be made an integral part of the entry / exit exercise.
- c. The Insurer shall **have to provide enrolment forms** (printed as well as soft versions) at all such locations.
- d. Employee shall **fill up enrolment** form giving details about self and family and authorization form for deducting the contribution and submit **2 recent passport size photographs** of the family each (individual) to DDO/ Nodal Officer .The enrolment

form shall also have the beneficiaries bank account number. The details of the beneficiary and dependent members to be covered along with 2 recent passport size photo and copy of enrolment form will be handed over to Insurance Company.

- e. The Insurer shall arrange to collect the enrolment form & family photograph from the respective DDOs/ Nodal Officers under acknowledgement.
- f. Such ID Cards along with the enrolment kit shall be sent by the insurers directly to the insured persons at their respective mailing addresses at insurer's cost within 7 days.
- g. The insurance cover shall be effective from the date of retirement of an employee.
- h. All these activities shall have to be uploaded on the Insurer's server on a read-only access, a link, shall be provided to the officials / departments as may be authorized by the Administration.

**Note: The Insurer will have to complete the following activities before the start of the enrolment process:**

- **Empanelment** of the Hospitals/Nursing Homes
- **Setting up** of Kiosk
- Prepare the **Enrolment Kit** and get it approved by the Government.

## **19. EXCLUSIONS**

The Insurer shall not be liable to make any payment under this Scheme in respect of any expenses incurred in connection with or in respect of:

### **A. Hospitalization Benefits:**

#### **1) Conditions that do not require hospitalization:**

- a) **Condition that do not require hospitalization. Outpatient Diagnostic, Medical and Surgical procedures** or treatments unless necessary for treatment of a disease covered under Day Care procedures or Inpatient hospitalization.
  - b) **Expenses incurred at Hospital or Nursing Home primarily for evaluation / diagnostic purposes only** during the hospitalized period. Expenses on vitamins and tonics etc unless forming part of treatment for injury or disease as certified by the attending Physician. Expenses on telephone, cosmetics / toiletries, etc.
- 2) Any Dental treatment or Surgery which is corrective, cosmetic or of aesthetic procedure, including wears and tears etc.** unless arising from disease or injury which requires hospitalization for treatment.
- 3) Congenital diseases etc:** Convalescence, General Debility, "Run Down" condition or Rest Cure etc and Congenital External Diseases or Defects or Anomalies. However, **Congenital Diseases (internal & external)** of new born child shall be covered during the currency of the policy only.
- 4) Sex change** or treatment which results from or is in any way related to sex change.

- 5) **Vaccination/Cosmetic or of aesthetic treatment:** Vaccination, Inoculation or change of life or cosmetic or of aesthetic treatment of any description. Plastic Surgery other than as may be necessitated due to an accident or as a part of any illness. Cost of Spectacles / Contact Lens.
- 6) **Suicide etc:** Intentional Self-Injury/Suicide/Self manmade injuries.
- 7) **External and/or durable Medical/Non-medical equipment** of any kind used for diagnosis and/or treatment except covered under CGHS Scheme (**Appendix-A**).

## 20. INFRASTRUCTURE OF INSURER

The Insurer shall establish an exclusive **Project Office** at **Port Blair** for coordination with the Administration. The project office shall coordinate with Administration on a daily basis and ensure effective implementation of Health Insurance Scheme.

## 21. MANAGEMENT INFORMATION SYSTEMS (MIS) SERVICE THROUGH DEDICATED WEBSITE

The Insurer shall provide Management Information System (MIS) reports regarding the Enrolment, Admission, Pre-Authorization, Claims Settlement and such other information regarding the Services as required by the Administration. The reports will be submitted by the INSURER to the Administration on a regular basis as agreed between the Parties.

- a) A **dedicated website** for data sharing purpose shall be designed by the insurer which shall be having real time data base pertaining to the scheme Implementation & Servicing. Persons having authority to access the data can access the website with user name & password supplied by the insurer.
- b) The information shall be available on real time basis on Insurers Website and shall also be uploaded on Central Server for Administration's use and Analysis and Uploading on its Web Portal. For this purpose to provide for a Central Govt. Server under A & N Administration where real-time data pertaining to District/State wise Enrolment status, Claims, Treatments rendered, Hospitals Data etc can be uploaded by the Insurance Company on periodical basis. Claims, Treatment data etc shall automatically updated on the Insurer server as & when the details are punched at Hospital level.
- c) Insurer will also upload such data required by Administration.

## 22. DISPUTE RESOLUTION AND GRIEVANCE REDRESSAL

If any dispute arises between the parties during the subsistence of the policy period or thereafter, in connection with the validity, interpretation, implementation or alleged breach of any provision of the scheme, it will be settled in the following way:

- a. **Dispute between Beneficiary and Empanelled Hospitals/Nursing Homes or Empanelled Hospitals/ Nursing Homes and the Insurance Company**

Grievance Redressal Centers shall be set up in each District/State level for all possible redressal of grievance of beneficiaries/Health provider by the Insurer.

**b. Dispute between Insurance Company and the A & N Administration**

A dispute between the Government /A & N Administration and Insurance Company shall be referred to the respective Chairmen/ CEO's/CMD's of the Insurer for resolution. In the event that the Chairmen/ CEO's / CMD's are unable to resolve the dispute within {60 } days of it being referred to them, then either Party may refer the dispute for resolution to a sole arbitrator who shall be jointly appointed by both parties, or, in the event that the parties are unable to agree on the person to act as the sole arbitrator within {30 } days after any party has claimed for an arbitration in written form, by three arbitrators, one to be appointed by each party with power to the two arbitrators so appointed, to appoint a third arbitrator.

- The law governing the arbitration shall be the Arbitration and Conciliation Act,
- 1996 as amended or re-enacted from time to time.
- The proceedings of arbitration shall be conducted in the English language.
- The arbitration shall be held in New Delhi, India.

**23. AGREEMENTS:**

- a) Service Level Agreements (SLAs)/MOUs shall be signed with Insurance Companies for implementation of HIS with proper mechanism for ensuring compliance established including penalty clauses. **Draft MOU is likely to be issued before Pre Bid conference.**
- b) The Insurance Company shall sign uniform SLAs/MOUs with all Empanelled Hospitals/Nursing Homes to be empanelled under the Scheme. The SLAs/MOUs shall be drawn up in consultation with the A & N Administration. Empanelled Hospitals/Nursing Homes are required to extend cashless medical aids and other defined services to the HIS beneficiary under the HIS.
- c) Insurer will also enter into SLAs/MOUs with other intermediaries for ensuring compliance established including penalty clauses.
- d) The Insurer agrees that any liability arising due to any default or negligence in providing or performance of the Insurance Services shall be borne exclusively by the Insurer who shall alone be responsible for the defect and / or deficiencies in rendering such services.

**24. TERM & TERMINATION OF AGREEMENT BETWEEN INSURER & ADMINISTRATION**

1. The Agreement shall take effect on the date of signature hereof by both Parties, and shall remain in force till the expiry period and the runoff period subject to a right to the Administration to terminate the Agreement, on the basis of review of the performance of the INSURER before the same period. The A & N Administration will review the performance of the INSURER based on factors including but not limited to:
  - a) Compliance with the guidelines specified in respect of enrolment & transaction.

- b) The facilities setup and arrangements made by the INSURER toward servicing the beneficiaries such as quality assurance, handling of grievances, availability of benefits and hassle free transactions etc agreed to between stakeholders.
- c) Empanelment of Hospitals/ Nursing Homes/Day Care Clinics.
- d) Denial of services by Empanelled Hospitals/Nursing Homes.
- e) The quality of service provided.
- f) The beneficiaries' satisfaction reports received.
- g) Grievance Redressal.
- h) Any withholding of information as sought by the A & N Administration at the bidding and implementation stage of the Scheme; and
- i) Such other factors as the Administration deems fit

**The Agreement may be terminated:**

- a) By the A & N Administration before the period mentioned above.
- b) By both parties by mutual consent provided it gives the other party at least 60 days prior written notice.

**In case of termination as given above:**

- a) The Insurer will pay back to the A & N Administration within one week the unutilized amount of premium left plus service tax after settlement of claims for which the preauthorization is given till date of termination.
- b) If the insurer fails to do as per clause above, the insurer will pay the Administration, the total package amount for all the cases for which preauthorization has been given, but claim not settled.
- c) In addition to above the Insurer shall pay interest at the rate of 12% per annum on the amount refundable as determined by clauses (a) and (b) above for the period extending from the date of premium paid till the date of receipt of refund.
- d) The Administration reserves the right to re-allot the policy to any other insurer as it deems fit for the rest of the period in the event of termination and the Insurer shall not have any claims to it.

**25. PERFORMANCE PARAMETERS AND PENALTY CLAUSE:**

The Insurer is required to perform multiple activities in performance of its obligations arising out of the insurance contract to it. Any activity not performed by the insurer within the given time line shall hamper implementation of HIS from the planned date. Such activities have been listed here under which the successful bidder is required to complete within the specified period from the date of award of the insurance contract to it **failing which a penalty as specified percentage on total premium** against each section **per week** shall have to pay to the Administration for the period of delay.

<i>Sl. No.</i>	<i>Activity</i>	<i>Time frame from the date of Signing of Agreement</i>	<i>Penalty per week for the delay in execution in % of component charges</i>
A	i) Identifying the Project Officer ii) Setting up of Project Office with infrastructure	7 days 30 days	1% 1%
B	Establishment of infrastructure for enrolment at Port Blair	3 months	1%
C	Preparation of process for Enrolment of beneficiaries	3 months	0.5%
D	To identify the Hospital Network Providers and networking with them.	3 months	0.5%
E	To arrange cashless treatment of the insured in the empanelled hospitals under HIS and facilitation of proper networking for quick and error-free processing of pre-authorizations.	3 months	0.5%
F	To provide adequate manpower, so as to ensure free flow of daily MIS & ensure that progress of scheme is reported to trust in desired format on a real-time basis.	3 months	0.5%
G	Preparation of various formats used for cashless transactions, discharge summary, billing pattern and other reports in consultation with the Government.	1 month	1%
H	Processing of claims related to the scheme. Preauthorization of requests and approval of preauthorization if all the conditions are fulfilled, <b>within 12 hours</b> of receiving the preauthorization request from the network provider.	System to be ready in 3 months (Continuing activity)	1%
I	Scrutinize the bills from network hospitals and give approval for the sanction of the bill and forward payment within 15 working days of the receipt of the bills from the Network Hospitals.	System to be ready in 3 months (Continuing activity)	1%
J	Medical Auditing (by minimum qualification MBBS) for conducting concurrent audits of services and quality of service provided to the beneficiaries delivered by Network Hospitals on periodic basis as well as and required.	3 months	0.5%
K	Training programme for Network Hospital Providers 2 months 0.5% & other stake holders ones in a month	2 months onwards	0.5%

**26. Bid Security/Performance Guarantee:** The Insurance Company offering the bid has to furnish Bid security, consortium, deviations and exclusion, performance guarantee 5% of the agreement value alongwith their financial status of the company may also be furnished/quoted.

**27. NODAL AGENCY :**

- i. The Andaman & Nicobar Administration would be the Nodal Agency for the implementation of HIS.

- ii. A Coordination Committee having the representatives from A & N Administration, Directorate of Health Services and Directorate of Accounts & Budget for monitoring and implementation of the Scheme on a regular basis would be formed.
- iii. Nodal Cell at the Secretariat, A & N Administration will monitor data related to the plan like enrolment, empanelment of hospitals, authorization status, claims status, utilization statistics, network hospital status and other MIS through a website maintained by the Insurer.

**28. STANDARDIZATION OF FORMATS:**

The Insurance Company shall use the standardized formats for cashless transactions, discharge summary, billing pattern and other reports in consultation with the Administration.

**29. IEC (Information, Education & Communication) AND BCC (Behavior Change Communication) INTERVENTIONS:**

IEC & BCC interventions would be done by the insurer however; the programme would be chalked out by the insurer in consultation with Administration.

**30. CAPACITY BUILDING INTERVENTIONS:**

Capacity building interventions would be done by the insurer however; the programme would be chalked out by the insurer in consultation with Administration.

**31. MEDICAL AUDIT:**

The Insurance Company **shall also carry out** inspection of hospitals, investigations, on the spot verification of inpatient admissions, periodic medical audits, to ensure proper care and counseling for the patient at network hospital by coordinating with hospital authorities, feedback from patients, attend to complaints from beneficiaries, hospitals etc on regular basis. Proper records of all such activities shall be maintained electronically by the Insurer.

**32. PROPOSAL VALIDITY PERIOD:**

The Proposal shall remain valid for a period **not less than six calendar months** from the Proposal Due Date (Date of agreement).

**33. FORMATION OF CONSORTIUM:**

Eligible Bidders shall submit their bid as a single entity only. Formation of Consortium is not allowed to Bid. Such bids shall be cancelled and not evaluated.

### 34. Evaluation Criteria of Technical Bids:

Technical bids shall be evaluated based on following criteria apart from qualifying criteria:

S.No.	Criterion	Points	Total
1	No of Insurers/Representatives office one in each district (maximum 600 districts)		<b>20</b>
a	No of Insurers own office one in each District	0.2 each	
b	No of Representative office, one in each District, not represented by Insurers own office	0.1 each	
2	No of Group Health Insurance Policies exceeding 25000 families		<b>20</b>
<b>A</b>	<b>2007-2008</b>		
1)	One policy	3	
2)	Two policies	5	
3)	Three policies	7	
4)	Four Policies	10	
<b>B</b>	<b>2008-2009</b>		
1)	One policy	3	
2)	Two policies	5	
3)	Three policies	7	
4)	Four policies	10	
3	Total Health Insurance Premium of Insurance Company in 2008-2009		<b>05</b>
1)	Exceeding Rs. 200 Cr	2	
2)	Exceeding Rs. 400 Cr	3	
3)	Exceeding Rs. 600 Cr	4	
4)	Exceeding Rs. 800 Cr	5	
4	No of lives covered under Health Insurance Policies 2007-2008		<b>20</b>
1)	Exceeding 5 Lacs	3	
2)	Exceeding 10 Lacs	5	
3)	Exceeding 15 Lacs	7	
4)	Exceeding 20 Lacs	10	
	<b>2008 – 09</b>		
1)	Exceeding 5 Lacs	3	
2)	Exceeding 10 Lacs	5	
3)	Exceeding 15 Lacs	7	
4)	Exceeding 20 Lacs	10	
5	Should have at least minimum on roll prior to 1/1/2010		<b>10</b>
<b>A</b>	<b>MBBS Doctors</b>		
1)	10 MBBS doctors	1	
2)	15 MBBS doctors	2	
3)	20 MBBS doctors	5	
<b>B</b>	<b>One Specialist in each discipline</b>		
1)	Medicine	1	

2)	Gynaecology	1	
3)	Neurology	1	
4)	Orthopaedic	1	
5)	Cardiac	1	
6	Demonstrate Health Insurance I P Claims Management Capacity in numbers		<b>20</b>
A	<b>2007- 08</b>		
1)	Exceeding 50,000	2	
2)	Exceeding 1,00,000	5	
3)	Exceeding 1,50,000	7	
4)	Exceeding 2,00,000	10	
B	<b>2008- 09</b>		
1)	Exceeding 50,000	2	
2)	Exceeding 1,00,000	5	
3)	Exceeding 1,50,000	7	
4)	Exceeding 2,00,000	10	
7.	Possessing ISO 9001 -2000/2008	5	<b>05</b>
	<b>TOTAL MARKS</b>		<b>100</b>

**NOTE:**

- a) **Representative office** means an office **manned by salaried employee** and having an identified office.
- b) Number of **families'** means **actually enrolled** under group health Insurance scheme. For S.No. 2, policies exceeding 50,000 families will be counted as 2, exceeding 75,000 families as 3 and so on.
- c) Insurance Companies having **coinsurance** under group health insurance policies shall **not qualify** under the scheme.
- d) Bidder scoring **at least 60 points** in the Technical Proposal shall be declared as Technically Qualified Bidder. Financial Proposal of only the Technically Qualified Bidders shall be opened for further evaluation.
- e) The short-listed technically qualified Bidders shall be required to make a **presentation of not more than 20 minutes** to demonstrate their capability to meet the deliverables **more in the sense of delivery, usage by the beneficiaries, more choice etc.**

**35. AWARD OF CONTRACT**

A & N Administration may award the contract to the successful bidder/s whose Bid has/ have been determined to be substantially responsive, lowest evaluated bid, provided further that the bidder has been assessed by the A & N Administration to be qualified to perform the contract satisfactorily.

Selection of the Insurer would be done based on Technical and financial bids invited from all insurers as per the parameters. After being declared technically qualified, Lowest financial bidder (**L-I**) will be the criterion for award of the insurance contract.

*The A & N Administration may either choose to accept the Proposal of the Preferred Bidder based on the terms explicit in the tender document or invite him for non-price related negotiations.*

In case there are two or more Bidders quoting the same lowest Financial Proposal, The A & N Administration may in such case call all such Bidders for negotiations and select the Preferred Bidder on the outcome of the negotiations. The selection in such cases shall be at the sole discretion of the A & N Administration.

**1. Amendment of Bidding Documents:**

- a) At any time **prior to the deadline** for submission of bids, the A & N Administration may, **for any reason modify** the Bidding documents, by amendment.
- b) The **amendment** will be notified **in writing or by fax or website** to all prospective bidders who have acquired the Bidding documents and amendments will be binding on them.
- c) In order to afford prospective bidders reasonable time to take the amendment into account in preparing their bids, the A & N Administration **may or may not**, at its discretion, extend deadline for the submission of the Bid.

**NOTE:** Any **Oral statements/written statement** made by the Bidder after submission of RFP shall **not be considered**.

**2. A & N Administration's Right to Accept or Reject any or All Bids:**

Notwithstanding anything contained in this document, A & N Administration **reserves the right to accept or reject any Bid or annul the Bidding process and reject all Bids at any time without any liability or any obligation** for such rejection or annulment, without assigning any reasons thereof. A & N Administration is not bound to accept the lowest or any bid.

**3. Notification of Award And Signing of Agreement:**

The Notification of Award will be issued with the approval of the Tender Accepting Authority. The terms of Agreement will be discussed with the representatives of the successful Insurance Company and the Company is expected to furnish a duly signed Agreement proposed by A & N Administration in duplicate within 7 days of declaration of 'award of contract', failing which the contract may be offered to the next bidder in order of merit.

**Note:** Terms can be amended by the A & N Administration before entering into the contract.

**4. Canvassing , Fraud and Corrupt practices:**

Bidders are hereby informed that canvassing in any form for influencing the process of notification of award would result in disqualification of the Bidder. Further, they shall observe the highest standard of ethics and will not indulge in any corrupt, fraudulent, coercive, undesirable or restrictive practices, as the case may be.

“**Corrupt practice**” means the offering, giving, receiving or soliciting of anything of value to influence the action of the public official

“**Fraudulent practice**” means a misrepresentation of facts in order to influence Tender process or a execution of a contract to the detriment of HIS, and includes collusive practice among bidding Insurers/Authorized Representative (prior to or after bid submission) designed to establish bid prices at artificial noncompetitive levels and to deprive HIS free and open competition;

A & N Administration will **reject a proposal** for award if it determines that the Insurer/Insurers have engaged in corrupt or fraudulent practices A & N Administration will **declare a firm ineligible**, either indefinitely or for a stated period of time, to be awarded a contract if it at any time determines that the bidding Insurer/Insurers has engaged in corrupt and fraudulent practices in competing for, or in executing, a contract.

**5. CONDITIONAL BIDS:**

Any conditional bid or a bid that is not in the prescribed Performa **will not be accepted.**

**6. SIGNATURE IN EACH PAGE OF DOCUMENT:**

**Each paper** of Bid Document must be signed by the competent authority of the Bidder. Any document / sheet **not signed shall tantamount to rejection of Bid.**

**7. PRE BID CONFERENCE:**

A Pre bid meeting will be held on ..... **at 3.00 PM in the Conference Hall of Secretariat, A & N Administration, Port Blair – 744 101**, to clarify any queries the bidders may have, and for providing additional information if any. No separate intimation of the Pre Bid meeting will be sent to the prospective bidders, unless there is a change in the time, date or venue of the Pre bid meeting. **Insurers are requested to send their queries in respect of the HIS through email latest by ....., 2010 positively.**

A copy of the **proceedings of the Pre Bid meeting** will be sent to all the prospective bidders. The decisions and clarifications denoted in the Proceedings of the Pre Bid meeting shall be final and binding to all the bidders.

**8. SUBMISSION OF PROPOSALS:**

**The bidder must submit the proposal as per the details mentioned below:**

1. The bidder shall place Qualification Criteria along with Technical Proposal in one envelope and the Financial Proposal separately in the second envelope.
2. **Technical proposal** should be sealed in a separate envelop clearly marked in **BOLD “SECTION A – TECHNICAL PROPOSAL” and “TECHNICAL PROPOSAL FOR IMPLEMENTING “BPL/AAY, Pensioners and Permanent Residents Health Insurance Scheme”** written on the top of the envelope. **This envelop** should contain following:

- A. **Qualifying Criteria documents of the Insurers** should be sealed in a separate envelop clearly marked on the top of the envelope as **“Qualifying criteria of Insurers”**.
- B. **Evaluation of Technical Bid** documents should be sealed in a separate envelop clearly marked on the top of the envelope as **“Evaluation of Technical Bids”**. **The soft copy of technical bid in a CD should be provided in this envelop.**

Both envelops should have the bidders Name and Address clearly written at the Left Bottom Corner of the envelope.

- 3. **Financial proposal** should be sealed in another envelop clearly marked in **BOLD “SECTION B – FINANCIAL PROPOSAL”** and **“FINANCIAL PROPOSAL FOR IMPLEMENTING “BPL/AAY, Pensioners and Permanent Residents Health Insurance Scheme”** written on the top of the envelope.
- 4. Both envelops should have the bidders Name and Address clearly written at the Left Bottom Corner of the envelope.
- 5. Both envelops should be put in a **large cover/envelop**, sealed and clearly marked in **BOLD**:

**“SECTION A – TECHNICAL PROPOSAL”** for **“BPL/AAY, Pensioners and Permanent Residents Health Insurance Scheme”**.  
**“SECTION B – FINANCIAL PROPOSAL”** for **“BPL/AAY, Pensioners and Permanent Residents Health Insurance Scheme”** written on envelop and have the bidders Name and Address clearly written in **BOLD** at the Left Bottom Corner.

- 6. The bids may be cancelled and not evaluated if, the bidder fails to:
  - b) **Clearly mention** Technical / Financial Proposal on the respective envelops
  - c) To **seal** the envelope properly with sealing tape.
  - d) Submit both envelopes i.e. Financial Proposal and Technical Proposal together kept **in large envelope**.
  - e) Give **complete** bids in all aspects.
  - f) Documents must be submitted in **spiral binding**.
  - g) Submit the soft copy in CD as required in **clause 8 ii (B)**
  - h) Submit **financial bids** in the specified Performa (**Annexure - 21** )

*Note: Incomplete technical bids and financial bids with extra attachments/remarks are liable to be disqualified.*

**SECTION B – FINANCIAL PROPOSAL**

**(KINDLY NOTE THAT ANNEXURE- 22 SHOULD BE ATTACHED TO SECTION B – FINANCIAL PROPOSAL ONLY)**

Financial costs including administrative expenses, overheads, and service charges, including smart card and other services, that the insurance company expects for rendering the services should be a part of the premium.

**NAME OF INSURER:** .....

- A. For 25,000 – 50,000 with assured 25,000 beneficiaries. Premium quote for a Sum insured of Rs.5.00,000 per family on floater basis including buffer.

	General Ward Rs.	Semi Private Ward Rs.	Private Ward Rs.	Premium-Corporate buffer of Rs 25 Cr
Premium Per Family				
Premium for per extra dependent persons				0.00

- B. For 50,001 – 75,000 with assured 50,000 beneficiaries. Premium quote for a Sum insured of Rs.5.00,000 per family on floater basis including buffer.

	General Ward Rs.	Semi Private Ward Rs.	Private Ward Rs.	Premium-Corporate buffer of Rs 25 Cr
Premium Per Family				
Premium for per extra dependent persons				0.00

- C. For 75,001 – 1,00,000 with assured 75,000 beneficiaries. Premium quote for a Sum insured of Rs. 5.00,000 per family on floater basis including buffer.

	General Ward Rs.	Semi Private Ward Rs.	Private Ward Rs.	Premium-Corporate buffer of Rs 25 Cr
Premium Per Family				
Premium for per extra dependent persons				0.00

- D. For 1,00,001 – 1,25,000 with assured 1,00,000 beneficiaries: Premium quote for a Sum insured of Rs. 5.00,000 per family on floater basis including buffer.

	General Ward Rs.	Semi Private Ward Rs.	Private Ward Rs.	Premium-Corporate buffer of Rs 25 Cr
Premium Per Family				
Premium for per extra dependent persons				0.00

**LOADING PERCENTAGE BASED ON HIGH CLAIM RATIO:**

<u>CLAIM RATIO</u>	:	<u>PERCENTAGE LOADING</u>
Up to 100%	:	Nil
101 to 120%	:	%
121 to 140%	:	%
141 to 160%	:	%
161 to 180%	:	%
Above 180%	:	%

**Note:**

1. **No other document or attachment shall be permissible along with Annexure.**
2. **Any deviation will attract disqualification.**
3. **Above rates are exclusive of Service Tax shall be applicable as per prevailing rates.**

**PART II – SUBMISSION OF BIDS / PROPOSALS**

The Administration seeks detailed proposal from General Insurance Companies interested in implementing “**BPL/AAY, Pensioners and Permanent Residents Health Insurance Scheme**”, at UT Level. The bid/proposal document should include the following:

***SECTION A – TECHNICAL PROPOSAL***

**Bidders shall need to fulfil all the below mentioned qualification criteria in order to qualify for the evaluation of the Technical Proposal.**

**A. Qualifying Criteria**

**a. Qualifying criteria of Insurer:**

- a. General Insurance Company should be **registered with IRDA** to undertake insurance related activities. The Insurer should attach a self attested copy of the license as a proof of its registration. (**Annexure-1**)
- b. Insurance company should have an experience in conceptualizing, designing and implementing large healthcare schemes and have at least **two year experience** in catering to health insurance of **25000 families** or more underwritten under each group health insurance policy in the **year 2007-2008 and 2008- 2009**. (**Annexure -2**)
- c. Declaration from the insurer that have not been **black listed/ debarred** by any State Government/Central Government or its agencies. (**Annexure -3**)
- d. The Insurer has to provide **an undertaking**, as per format expressing their explicit agreement to adhere with the details of the scheme as mentioned in the Part I of the tender document. (**Annexure -4**)
- e. The Insurer has to provide **an undertaking**, as per format confirming that they have submitted their bid as a single entity only and have not form a Consortium for the scheme. (**Annexure– 5**)
- f. **Detailed prospectus** of the desired Health Insurance Scheme in conformity to the benefits available, exclusions, conditions etc. (**Annexure– 6**)
- g. On Selection, the Insurance Company is required to establish its own office/establishment at Port Blair **within 6 (six) months**. (**Annexure– 7**)

**NOTE: The technical bid of those bidders will only be evaluated further under “B” & “C”, if, they qualify the qualifying criteria “A”.**

**B. Evaluation of Technical Bids:**

S.No.	Criterion	
<b>1</b>	<b>No of Group Health Insurance Policies</b> exceeding 25000 families	<b>(Annexure – 2)</b>
<b>A</b>	<b>2007-2008</b>	
	1) One policy	
	2) Two policies	
	3) Three policies	
	4) Four Policies	
<b>B</b>	<b>2008-2009</b>	
	1) One policy	
	2) Two policies	
	3) Three policies	
	4) Four policies	
<b>2</b>	<b>No of Insurers/Representatives office</b> one in each district ( Max 600 districts)	<b>(Annexure – 8)</b>
<b>a</b>	No of Insurers own office one in each District.	
<b>b</b>	No of Representative office, one in each District, not represented by Insurers own office.	
<b>3</b>	<b>Total Health Insurance Premium</b> of Insurance Company	<b>(Annexure – 9)</b>
	<b>2007-08</b>	
	1) Exceeding Rs. 200 Cr	
	2) Exceeding Rs. 400 Cr	
	3) Exceeding Rs. 600 Cr	
	4) Exceeding Rs. 800 Cr	
	<b>2008-09</b>	
	1. Exceeding Rs. 200 Cr	
	2. Exceeding Rs. 400 Cr	
	3. Exceeding Rs. 600 Cr	
	4. Exceeding Rs. 800 Cr	
<b>4</b>	<b>No of lives covered</b> under health Insurance policies	<b>(Annexure – 10)</b>
	<b>2007- 08</b>	
	1) Exceeding 5 Lacs	
	2) Exceeding 10 Lacs	
	3) Exceeding 15 Lacs	
	4) Exceeding 20 Lacs	
	<b>2008 – 09</b>	
	1) Exceeding 5 Lacs	
	2) Exceeding 10 Lacs	
	3) Exceeding 15 Lacs	
	4) Exceeding 20 Lacs	
<b>5</b>	<b>Should have at least minimum on roll</b> prior to 1/1/2010	<b>(Annexure– 11)</b>
<b>A</b>	MBBS Doctors	
	1) 10 MBBS doctors	
<b>B</b>	<b>One Specialist</b> in each discipline	

	1) Medicine	
	2) Gynaecology	
	3) Neurology	
	4) Orthopaedic	
	5) Cardiac	
6	Demonstrated Health Insurance I P Claims Management Capacity in numbers.	(Annexure– 12)
	<b>A 2007- 08</b>	
	1) Exceeding 50,000	
	2) Exceeding 1,00,000	
	3) Exceeding 1,50,000	
	4) Exceeding 2,00,000	
	<b>B 2008- 09</b>	
	1) Exceeding 50,000	
	2) Exceeding 1,00,000	
	3) Exceeding 1,50,000	
	4) Exceeding 2,00,000	
7	Possessing ISO 9001 -2000/2008 Certificate	(Annexure–13)

**C. OTHERS:**

**1. System wise Exhaustive list of Day Care Procedures:**

Generic list is given in the document at Sr. No.4 (c). Insurer is required to submit exhaustive list of such procedures to finalize the same.

(Annexure: 14)

**2. Grievance redressal mechanism to redress the grievance of beneficiaries/health providers:**

Insurer is required to provide in detail about the mechanism of grievance redressal in respect of grievances of beneficiaries/health providers.

(Annexure:15)

**3. Draft MOU:** Insurer is required to submit the draft copy of MOU between of GOI and Insurer, Insurer and Health provider and with any intermediaries proposed under HIS

(Annexure :16)

**4. Activity Plan:**

Detailed activity plan highlighting process proposed to be adopted for, delivering health services may be indicated in the following manner:

- a. Process and Timeline for Enrolment of beneficiaries

- b. Process and Mechanism for empanelment of private / public health facilities / day care health facilities.
- c. Details of Service delivery process for beneficiaries.
- d. Process for claim settlement with Timeline.
- e. Mechanism for standardization of various formats used for cashless transactions, discharged summary, billing pattern, satisfaction letter from the patient etc.
- f. MIS for claims reporting, claims settlement, claims paid etc., required by Nodal Agency on monthly basis and as and when required.
- g. Procedure for reporting the progress to Nodal Agency and nominated Regional Nodal Agency at state level.
- h. Process for providing regular report on performance

**(Annexure-17)**

**5. Detailed programme for Capacity building interventions**

**(Annexure-18)**

**6. Detailed programme for IEC and BCC interventions**

**(Annexure-19)**

**7. Additional benefits:**

In case the bidder wants to offer additional benefits under the scheme, the detail of the same may be given in annexure.

**(Annexure-20)**

**8. Other Information:**

**(Annexure-21)**

**INSTRUCTIONS:**

- The Bidder should provide the details mentioned above based on its own technical capability.
- Technical capability of the Bidder's parent company or its subsidiary or any associate company **will not be considered for assessment of the qualification parameters** of the Bidder.

## SECTION B – SUMMARY OF PROPOSALS

Following table provides a brief summary of the documents which need to be attached by Insurer in the technical proposal:

### SECTION A – DETAILS OF TECHNICAL PROPOSAL:

Name of the Insurance Company: \_\_\_\_\_

	Section of Technical Bid	Details by Insurer
<b>A</b>	<b>QUALIFYING CRITERIA:</b>	
<b>I</b>	Copy of IRDA license	Annexure -1
<b>II</b>	Experience of the insurer: (Coinsurance shall not be treated as experience)	Annexure -2 (as per format attached)
<b>III</b>	Declaration from the insurer that has been black listed/ debarred by any State Government/Central Government or its agencies.	Annexure -3
<b>V</b>	Undertaking from Insurer to run the scheme in conformity to the scheme	Annexure – 4 ( as per format attached)
<b>VI</b>	Undertaking from Insurer that the bid has been submitted as a single entity and has not formed any consortium under the scheme.	Annexure – 5 ( as per format attached)
<b>VII</b>	Detailed prospectus of the desired Health Insurance Scheme <b>in conformity</b> to the benefits available, exclusions, conditions, premium clause etc.	Annexure – 6
<b>VIII</b>	Declaration to the effect that the insurer will establish its own office at Port Blair within six months, on selection.	Annexure – 7
<b>B</b>	<b>EVALUATION OF TECHNICAL BIDS</b>	
<b>1</b>	<b>No of Group Health Insurance Policies</b> exceeding 25000 families	Annexure -2 ( as per format attached)
<b>2</b>	<b>No of Insurers/Representatives office</b> state wise one in each district (Max 600 districts)	Annexure -8 ( as per format attached)
<b>A</b>	No of Insurers own office one in each District.	
<b>B</b>	No of Representative office, one in each District, not represented by Insurers own office.	
<b>3</b>	<b>Total Health Insurance Premium</b> of Insurance Company	Annexure -9 ( as per format attached)
<b>4</b>	<b>No of lives covered</b> under health Insurance policies	Annexure -10 ( as per format attached)
<b>5</b>	<b>Should have at least minimum on roll</b> prior to 1/1/2010	Annexure -11 ( as per format attached)
<b>6</b>	<b>Demonstrated Health Insurance IP claims</b> management capacity in numbers	Annexure -12 ( as per format attached)

<b>7</b>	<b>Possessing ISO 9001 -2000/2008 Certificate</b>	Annexure -13
<b>C</b>	<b>OTHERS</b>	
<b>1</b>	System wise Exhaustive list of Day Care Procedures:	Annexure –14 As per format attached
<b>2</b>	Grievance redressal mechanism to redress the grievance of beneficiaries/ health providers at state and district level.	Annexure –15
<b>3</b>	Insurer is required to submit the draft copy of MOU between of GOI and Insurer, Insurer and Health provider and with any intermediaries proposed under HIS	Annexure –16
<b>4</b>	Activities	Annexure -17 as per format attached
<b>5</b>	Detailed programme for Capacity building interventions	Annexure -18
<b>6</b>	Detailed programme for IEC and BCC interventions	Annexure – 19
<b>7</b>	Additional benefits:	Annexure – 20
<b>8</b>	Other Information	Annexure – 21

**NOTE:** Bidder is supposed to give point-wise reply of the tender document for agreement / disagreement and attach the necessary annexure as mentioned above.

**SECTION C – DETAILS OF FINANCIAL PROPOSAL:**

<b>S. No</b>	<b>Section of Financial Bid</b>	<b>Details by Insurer</b>
<b>1</b>	Financial Proposal	Annexure – 22 ( as per format attached)

**SECTION D – DETAILS OF APPENDIX**

<b>S. No</b>	<b>SECTION</b>	<b>DETAILS</b>
<b>1</b>	List of external equipments /appliances	Appendix –A
<b>2</b>	Specialty Eye Centers	Appendix –B
<b>3</b>	Dental Clinics	Appendix –C

**SECTION E – TEMPLATE FOR ANNEXURES**

**Annexure - 2**

**Experience of the Bidder:**

- a. Experience of Group Health Insurance Scheme should not be less than **2.50 lakh families** per policy per year.
- b. Number of **families’ means enrolled** under Group Health Insurance Scheme.
- c. Insurers having **Coinsurance** for the purpose of risk sharing shall not qualify under the scheme.

S. No.	Name of the Group Health Insurance Scheme	Name of the State	Address of the Insured	Number of Families	Premium (in Rs.)		Claims	
					Per Family	Total Premium (Rs in Lakhs)	Received (no.)	Settled/ Under Process (Rs in Lakhs)
1	2	3	4	5	6	7	8	9
	<b>2007-08</b>							
1								
2								
3								
4								
5								
	<b>2008-09</b>							
1								
2								
3								
4								
5								

**NAME AND ADDRESS OF THE INSURANCE COMPANY**

**DECLARATION  
BY THE BIDDER**

I, \_\_\_\_\_ Designated  
as \_\_\_\_\_ at \_\_\_\_\_  
of \_\_\_\_\_ Insurance Company hereby  
declare that I have read the contents of the Tender Document consisting of Part I to IV and  
having **explicit agreement to adhere with the details of the scheme as mentioned in the  
RFP** for implementation of the HIS given therein. I hereby submit the bid in the desired  
format with respective proformas duly signed by me. If our bid is found successful, the  
company is agreeable to execute the MoU within twenty four hours (excluding public  
holidays) after the award.

**DATE:**  
**Stamp:**

**SIGNATURE**  
**Name:**  
**Designation:**  
**Address:**

**NAME AND ADDRESS OF THE INSURANCE COMPANY**

**UNDERTAKING  
BY THE BIDDER**

I, \_\_\_\_\_ designated as  
\_\_\_\_\_ at \_\_\_\_\_ of  
\_\_\_\_\_ Insurance Company \_\_\_\_\_ hereby give an  
undertaking that the bid has been submitted as a single entity and has not formed any  
consortium with other Insurance Agencies under Health Insurance Scheme.

**DATE:**  
**Stamp:**

**SIGNATURE**  
**Name:**  
**Designation:**  
**Address:**



**TOTAL HEALTH INSURANCE PREMIUM OF INSURANCE COMPANY IN THE  
YEAR 08-09 & 09-10**

<b>2008-09</b>	
1. Exceeding Rs. 200 Cr	
2. Exceeding Rs. 400 Cr	
3. Exceeding Rs. 600 Cr	
4. Exceeding Rs. 800 Cr	
<b>2009-10</b>	
1. Exceeding Rs. 200 Cr	
2. Exceeding Rs. 400 Cr	
3. Exceeding Rs. 600 Cr	
4. Exceeding Rs. 800 Cr	

SIGNATURE

**NUMBER OF LIVES COVERED UNDER HEALTH INSURANCE POLICIES BY  
THE INSURANCE COMPANY IN THE YEAR 08-09 & 09-10**

<b>2008-09</b>	<b>Numbers.</b>
1) Exceeding 5 Lacs	
2) Exceeding 10 Lacs	
3) Exceeding 15 Lacs	
4) Exceeding 20 Lacs	
<b>2009-10</b>	
1) Exceeding 5 Lacs	
2) Exceeding 10 Lacs	
3) Exceeding 15 Lacs	
4) Exceeding 20 Lacs	

SIGNATURE

**INSURANCE COMPANY SHOULD HAVE AT LEAST MINIMUM ON ROLL  
PRIOR TO 1/1/2010**

<b>Number of MBBS Doctors</b>	<b>Numbers</b>
1. 10 MBBS doctors	
2. 15 MBBS doctors	
3. 20 MBBS doctors	
<b>One Specialist in each discipline</b>	
1. Medicine	
2. Gynaecology	
3. Neurology	
4. Orthopaedic	
5. Cardiac	

SIGNATURE

**INSURANCE COMPANY HAS TO DEMONSTRATE THEIR HEALTH  
INSURANCE I P CLAIMS MANAGEMENT IN NUMBERS  
FOR THE YEAR 2008-09 & 2009-10**

<b>2008-09</b>	<b>Amount in Rs</b>
1) Exceeding 50,000	
2) Exceeding 1,00,000	
3) Exceeding 1,50,000	
4) Exceeding 2,00,000	
<b>2009-10</b>	
1) Exceeding 50,000	
2) Exceeding 1,00,000	
3) Exceeding 1,50,000	
4) Exceeding 2,00,000	

SIGNATURE



2	<b>EAR , NOSE &amp; THROAT SURGERY</b>		
		1	Stapedectomy
		2	Myringoplasty (type I tympanoplasty)
		3	Tympanoplasty (closure of an eardrum perforation/reconstruction of the auditory ossicles)
		4	Other micro-surgical operations on the middle ear
		5	Myringotomy
		6	Removal of a tympanic drain
		7	Incision of the mastoid process and middle ear
		8	Mastoidectomy
		9	Operations on the turbinates (nasal concha)
		10	Nasal sinus aspiration
		11	Tonsillectomy
		12	Transoral incision and drainage of a pharyngeal abscess
		13	Tonsillectomy with adenoidectomy
		14	Excision and destruction of a lingual tonsil
		15	Other operation on the tonsils and adenoids
		16	Aural polypectomy
		17	
		18	
		19	
		20	
		21	
		22	
		23	
		24	
		25	
		26	
		27	
		28	
		29	
		30	
3	<b>SURGERY OF URINARY SYSTEM</b>		
		1	Cystoscopic removal of stones
		2	Lithotripsy
		3	Haemo-dialysis
4	<b>SURGERY OF GENITAL SYSTEM</b>		
			<b>Male Genital System</b>
		1	Transurethral excision
		2	Incision and excision of periprostatic tissue
		3	Incision of the scrotum and tunica vaginalis testis





		3	
8	<b>OPERATIONS OF THE SKIN AND SUBCUTANEOUS TISSUE</b>		
		1	Incision of a pilonidal sinus
		2	Other incision of the skin and subcutaneous tissue
		3	Surgical wound toilet (wound debridement) and removal of diseased tissue of the skin and subcutaneous tissue
		4	Free skin transplantation, donor site
		5	Free skin transplantation recipient site
		6	Revision of skin plasty
		7	Chemosurgery of the skin
		8	Excision of local skin lesions
		9	Excision of sebaceous cysts
		10	Excision of accessory auricles and digits
		11	Dermoid cyst
		12	
		13	
		14	
		15	
		16	
9	<b>CHEMOTHERAPY/ RADIOTHERAPY</b>		
		1	Chemotherapy
		2	Radiotherapy
10	<b>DOG BITE/ SNAKE BITE ETC</b>		
		1	Treatment related to dog bite
		2	Treatment related to snake bite
11	<b>GENERAL SURGERY /PROCEDURES</b>		
		1	Division of tongue tie
		2	Incision and lancing of a salivary gland and salivary duct
		3	Excision of diseased tissue of a salivary gland and salivary duct
		4	Resection of a salivary gland
		5	Reconstruction of a salivary gland a salivary duct
		6	Incision of the hard and soft palate
		7	Palatoplasty
		8	Gastroscopy with/without biopsy



		11	
		12	
13	<b>RECONSTRUCTIVE/PLASTIC SURGERY MAY BE NECESSITATED DUE TO AN ACCIDENT OR AS A PART OF ANY ILLNESS.</b>		
		1	Excision of Dupuytren's contracture
		2	Rhinoplasty
		3	
		4	
		5	
		6	
14	<b>OTHER OPERATIONS /PROCEDURES</b>		
		1	Coronary Angiography
		2	Varicose veins stripping /ligation
		3	Partial thyroidectomy
		4	Lymph node biopsy
		5	
		6	
		7	
		8	
		9	
15	<b>LAPAROSCOPIC THERAPEUTIC SURGERIES UNDER DAY CARE</b>		
		1	
		2	
		3	
		4	
		5	
		6	
16	<b>IDENTIFIED SURGERIES UNDER GENERAL ANESTHESIA OR ANY OTHER PROCEDURE</b>		
		1	
		2	
		3	

SIGNATURE

<b>ACTIVITIES</b>	
a)	Process and Timeline for Enrolment of beneficiaries
b)	Process and Mechanism for empanelment of private/public health facilities/day care health facilities.
c)	Details of Service delivery process for beneficiaries.
d)	Process for claim settlement with Timeline.
e)	Mechanism for standardization of various formats used for cashless transactions, discharged summary, billing pattern, satisfaction letter from the patient etc.
f)	MIS for claims reporting, claims settlement, claims paid etc., required by Nodal Agency on monthly basis and as and when required.
g)	Procedure for reporting the progress to Nodal Agency and nominated Regional Nodal Agency at state level.
h)	Process for providing regular report on performance

SIGNATURE

**SECTION B – FINANCIAL PROPOSAL****(KINDLY NOTE THAT ANNEXURE- 21 SHOULD BE ATTACHED TO SECTION B FINANCIAL PROPOSAL ONLY)**

Financial costs including administrative expenses, overheads, and service charges, including smart card and other services, that the insurance company expects for rendering the services should be a part of the premium.

**NAME OF INSURER:** .....

- A. For 25,000 – 50,000 with assured 25,000 beneficiaries.** Premium quote for a Sum insured of Rs.5.00,000 per family on floater basis including buffer.

	<b>General Ward Rs.</b>	<b>Semi Private Ward Rs.</b>	<b>Private Ward Rs.</b>	<b>Premium-Corporate buffer of Rs 25 Cr</b>
<b>Premium Per Family</b>				
<b>Premium for per extra dependent persons</b>				<b>0.00</b>

- B. For 50,001 – 75,000 with assured 50,000 beneficiaries.** Premium quote for a Sum insured of Rs.5.00,000 per family on floater basis including buffer.

	<b>General Ward Rs.</b>	<b>Semi Private Ward Rs.</b>	<b>Private Ward Rs.</b>	<b>Premium-Corporate buffer of Rs 25 Cr</b>
<b>Premium Per Family</b>				
<b>Premium for per extra dependent persons</b>				<b>0.00</b>

- C. For 75,001 – 1,00,000 with assured 75,000 beneficiaries.** Premium quote for a Sum insured of Rs. 5.00,000 per family on floater basis including buffer.

	<b>General Ward Rs.</b>	<b>Semi Private Ward Rs.</b>	<b>Private Ward Rs.</b>	<b>Premium-Corporate buffer of Rs 25 Cr</b>
<b>Premium Per Family</b>				
<b>Premium for per extra dependent persons</b>				<b>0.00</b>

- D. For 1,00,001 – 1,25,000 with assured 1,00,000 beneficiaries:** Premium quote for a Sum insured of Rs. 5.00,000 per family on floater basis including buffer.

	<b>General Ward Rs.</b>	<b>Semi Private Ward Rs.</b>	<b>Private Ward Rs.</b>	<b>Premium-Corporate buffer of Rs 25 Cr</b>
<b>Premium Per Family</b>				

<b>Premium for per extra dependent persons</b>				<b>0.00</b>
------------------------------------------------	--	--	--	-------------

**LOADING PERCENTAGE BASED ON HIGH CLAIM RATIO:**

<u>CLAIM RATIO</u>	:	<u>PERCENTAGE LOADING</u>
Up to 100%	:	Nil
101 to 120%	:	%
121 to 140%	:	%
141 to 160%	:	%
161 to 180%	:	%

**Note:**

1. No other document or attachment shall be permissible along with Annexure.
2. Any deviation will attract disqualification.
3. Above rates are exclusive of Service Tax shall be applicable as per prevailing rates.

SIGNATURE

**LIST OF EXTERNAL EQUIPMENTS /APPLIANCES**

**The equipments as stated in the CS (MA) Rules, 1944, are covered. (Reference– G.I., M.H., O.M. NO. S. 14025/ 31/ 79-MS, DT. 26/09/1980)**

1. Unilateral long leg brace without hip joint
2. Hip joint with pelvic band
3. Spinal Brace
4. Unilateral short leg brace
5. Shoe or Boot – Protective or aiding to paralysed or weak legs
6. Bilateral hip joint with pelvic bank / weak leg
7. Bilateral long leg brace without hip joint
8. Bilateral short leg brace
9. Lumbe-sacral or spinal support or back support
10. Taylors brace
11. Milwaukee brace
12. Mermaid splint
13. Posterior slab
14. Cervical brace four post
15. Rigid Cervical Collar with head extension
16. Cervical Collar
17. Dynamic splint (Aluminium)
18. Cock-up splint plain (Aluminium)
19. Cock-up splint (plastic or long opponens)
20. Turn Buckle splint
21. Nuckle bender splint
22. Anterior Knee Guard splint
23. Densis brown splint
24. Congenital Talipus Equino Varus / Valgus splint
25. Short Oppenens, P.V.C. (Plastic)
26. Knee Cage
27. Long Opponens with M. P. ft. bar and finger
28. Extension (plastic) Dynamic
29. Boot with C and E heel and arch support
30. C and E heel
31. Arch Support
32. M. T. Pad
33. M. T. E. Raising 1”
34. T. Strap
35. Sponge heel
36. Wedge 1/8”
37. Universal Raising 1”
38. Foot drop splint
39. Below knee prosthetics (P. T. S. type Prosthetics)
40. A. K. Prusthetics
41. Aluminium adjustable above knee right splint
42. Plastic shoulder abduction splint
43. Plaster of Paris or Gypsona cast

44. Modified shoes
45. Below Elbow Prosthetics
46. Hooks
47. Cosmetic hand
48. Splint for C. D. H.
49. Splint for Elbow
50. Above Elbow and below elbow Prosthetics
51. Above Elbow and below elbow Orthotics
52. Corset
53. Wheel Chair
54. Practice shoes with microcellular rubber without nails often with additional gadgets like adjustable springs and rockets
55. Crutches
56. Walking iron with Plaster Casts
57. Calipers
58. Braces
59. Artificial limbs
60. Ileostomy kit

**TECHNICAL AND INFRASTRUCTURE SPECIFICATIONS  
FOR THE EYE CARE CENTERS**

**1. Should have a facility for surgery and treatment of**

- a) Cataract/Glaucoma
- b) Retinal – Medical – Vitreo-retinal surgery
- c) Strabismus
- d) Oculoplasty & Adnexa & other specialized treatment

**2. Should have**

- Qualified ophthalmic surgeon with experience in Intra-ocular Lens implantation Surgery + training proof of PHACOEMULSIFICATION surgery
- (Phacoemulsifier Unit (IIIrd or IVth generation) – minimum 2 with extra hand pieces
- (Flash/rapid sterilizer – one per OT
- YAG laser for capsulotomy
- Digital anterior segment camera
- Specular microscope
- 

**3. Backup facilities of Vitro-retinal surgeon deal with Phaco/IOL related complications.**

**4. Others:**

**A. OCULOPLASTY & ADENEXA:**

**SPECIFIC FOR OCULOPLASTY & ADENEXA (SPECIALISED INSTRUMENTS AND KITS FOR)**

- (i) Dacryocystorhinostomy
- (ii) Eye lid Surgery e.g ptosis and Lid reconstruction Surgery
- (iii) Orbital surgery
- (iv) Socket reconstruction
- (v) Enucleation/evisceration
- (vi) Availability of Trained, proficient Oculoplasty surgeon who is trained for Oculoplastic, Lacrimal and Orbital Surgery

**INVESTIGATIVE FACILITIES:**

- (i) Syringing, Dacryocystography
- (ii) Exophthalmometry
- (iii) Ultrasonography – A&B Scan
- (iv) Imaging facilities - X-ray, CT Scan & MRI Scan
- (v) Ocular pathology, Microbiology services
- (vi) Blood bank services.
- (vii) Consultation facilities from related Specialties such as ENT, Neurosurgery, Haematology, Oncology

## **OPERATIVE (O.T.) FACILITIES:**

Specialized instruments & Kits for the following surgeries should be available.

- (i) Dacryo cystorhinostomy
- (ii) Lid surgery including eyelid reconstruction & Ptosis correction.
- (iii) Orbital surgery
- (iv) Socket reconstruction
- (v) Enucleation & Evisceration
- (vi) Orbital & Adnexal Trauma including Orbital fractures.

## **PERSONNEL:**

- (i) Resident Doctor Support
- (ii) Nursing care (24 hours)
- (iii) Resuscitative facilities
- (iv) Trained Oculoplastic surgeon who is proficient in Orbit, Oculoplasty & Lacrimal surgery.

## **B. STRABISMUS SURGERY:**

- Functional OT with Instruments needed for strabismus surgery
- Availability of set up for Pediatric Strabismus - Orthopedic room with distance fixation targets (preferably child friendly) may have TV/VCR, Lees/Hess. Chart

## **C. GLAUCOMA:**

### **Specific: Facilities for Glaucoma investigation & management.**

- a) Applanation tonometry
- b) Stereo Fundus photography/OCT/ Nerve fibre Analyser
- c) YAG Laser for Iridectomy
- d) Automated/Goldmann fields (Perimetry)
- e) Electrodiagnostic equipments (VER, ERG, EOG)
- f) Colour Vision – Ishihara Charts
- g) Contrast sensitivity – Pelli Robson Charts
- h) Pediatric Vision testing – HOTV cards
- i) Autorefractometers
- j) Synaptophore (basic type with antisuppression)
- k) Prism Bars
- l) Stereo test (Randot/TNO)
- m) Red – Green Goggles
- n) Orthoptic room with distance fixation targets (Preferably child friendly) may have TV/VCR.
- o) Lees/Hess chart

**TECHNICAL AND INFRASTRUCTURE SPECIFICATIONS  
FOR THE DENTAL CLINIC**

**Should have a facility for**

- General Dentistry
- Special Dental procedures
- Diagnostic procedures / investigations for Dental.

**Dental Care Centre:**

- (A) (i) **General Dental Clinic** (beds are available for Dental Clinic)  
(ii) **Specialized Dental Clinic** (beds are available for Specialized Dental Clinic)
- (B) Availability of separate O.T.for aseptic/septic cases (For specialized Dental clinics)
- (C) Alternative Power supply
- (D) (a) Laboratory facilities for routine Clinical Pathology, Bio-chemistry, Microbiology  
(b) Routine facilities for X-ray OPG Dental X-ray
- (E) Visiting Specialists / Consultants (For Dental Care Center)
  - **Oral & Maxillo facial Surgeon**
  - **Periodontist**
  - **Prosthodontist**
  - **Endodontist**
  - **Orthodontist**
  - **Paedodontist**
- (K) **Dental X-ray Machine**
  - IOPA 60-70 Kv, 8 mA, Exposure (with minimum radiation leakage) time selection 0.01 to 3 seconds
  - O.P.G. Machine 60-70 Kv, 8 MA

F.No.21-53/95-MPH  
**ANDAMAN AND NICOBAR ADMINISTRATION**  
**DIRECTORATE OF HEALTH SERVICES,**  
**ANDAMAN AND NICOBAR ISLANDS,**  
**PORT BLAIR,**

Invites

**REQUEST FOR PROPOSAL (RFP)**

**MEDICLAIM HEALTH INSURANCE SCHEME FOR PROVIDING HEALTH INSURANCE COVER FOR THE BPL/AAAY CARD HOLDERS, PERMANENT RESIDENTS AND RETIRED PENSIONERS OF A & N ISLANDS.**

.....  
The Director of Health Services, A&N Islands , Port Blair invites Request For Proposal (RFP) from interested and eligible reputed General Insurance Companies for introduction of Mediclaim Health Insurance Scheme for the BPL/AAAY Card Holders, Permanent Residents and Retired Pensioners of Andaman & Nicobar Islands.

**PROJECT RATIONALE :**

The A& N Islands is a group of islands situated far away from mainland in the Bay of Bengal. People of 38 inhabited islands are provided Health Care Services through Govt. Health Institutions. In the absence of proper Private Health Institutions, the population of these Islands are solely dependent on Public Health Services where all types of treatments facilities are not available and the patients are required to refer to the mainland hospitals for better treatment. As such this Administration proposes to introduce a Mediclaim Health Insurance Scheme for the above mentioned category populations of A&N Islands.

**FOR FURTHER DETAILS ABOUT THE PROJECT AND APPLICATION :**

Further details of the project may be downloaded from the Administration's website [www.and.nic.in](http://www.and.nic.in)

**SUBMISSION OF R.F.P.:**

The Interested Insurance Companies may submit their R.F.P. accompanied by detailed profile/capability statement and audited financial statements for 2008-09 & 2009-10, before 15.00 Hrs. on 06.06.2011 to:-

Dr. S.K.Paul,  
Director of Health Services,  
Andaman & Nicobar Islands,  
Port Blair -744 104.  
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