TENDER DOCUMENT

Implementation of

"Rashtriya Swasthya Bima Yojana"

In the State of Tripura

Government of Tripura

Department of Health & Family Welfare

Issued / Released on 8th February, 2016.

GOVERNMENT OF TRIPURA
Department of Health & Family Welfare
3 [5-750-C] DHS/RSBY/Tender/Insurer/ 2015/1

Dated, Agartala, 8th Feb. 2016.

TENDER NOTICE

RASHTRIYA SWASTHYA BIMA YOJANA

[A scheme to provide health insurance coverage to BPL families and Unorganized sector workers]

Competitive Quotations are invited from **Insurance Companies** (Licensed with Insurance Regulatory and Development Authority) to carry on the general insurance/ health insurance for implementation of Rashtriya Swasthya Bima Yojana (**RSBY**) for approved category of families in 8 **Districts namely, North Tripura, Unakoti, Dhalai, Khowai, West Tripura, Sepahijala, Gomati & South Tripura** Districts(beneficiaries having **64 Kb** cards).
The tender document for this may be downloaded from the website http://www.tenders.gov.in. The **Tender document can also be obtained in person w.e.f. 06 February, 2016 from the below mentioned address on any working day between 10.00 A.M to 4.00 P.M.**

The technical and financial bid should be sealed by the bidder in a cover duly super-scribed and is to be put in a bigger cover which should also be sealed and duly super-scribed.
The Technical and Financial bids will be evaluated by the Bid Evaluation Committee duly constituted by the **State Government**. Financial bids of only the technically qualified offers shall be opened before the successful bidders by the State Government for awarding of the contract. Following schedule will be observed in this regard.

1. **Last date of collection of bid document: 20/02/2016**
2. **Last date for submission of queries: 27/02/2016**
3. **Last date for submission of bid: 02/03/2016 (up to 5 P.M.)**
4. **Opening of Technical bids: 04/03/2016 at 11.30 A.M.**
5. **Opening of Financial bids: 05/03/2016 at 11.30 A.M.**

The completed Bid Documents should be submitted on or before 02/03/2016 (up to 5 pm), at the following address:

Office of the Director of Health Services
Nodal Officer, R S B Y. Tripura,
Health Directorate Building, First Floor, Pandit Nehru Complex.
Gorkhabasti,
P.O. Kunjaban, Agartala

All correspondences / communications on the scheme should be made at the above address.
Email: rsbydhs@gmail.com
Phone & fax : 0381 2315001

Director of Health Services,
Government of Tripura.

TENDER DOCUMENT
GOVERNMENT OF TRIPURA

RASHTRIYA SWASTHYA BIMA YOJANA

A number of studies have revealed that risk owing to low level of health security is endemic for workers, especially those in unorganized sector. The vulnerability of these workers increases when they have to pay out of pocket for their medical care with no subsidy or support. On the one hand, such a worker does not have the financial resources to bear the cost of medical treatment, on the other; the public owned health infrastructure leaves a lot to be desired. Large number of persons borrows money or sells assets to pay for treatment in hospitals. Thus, Health Insurance can be a way of overcoming financial handicaps, improving access to quality medical care and providing financial protection against high medical expenses. The "Rashtriya Swasthya Bima Yojana" announced by the Central Government attempts to address such issues.

Government of Tripura is inviting bids for the 8 districts namely, North Tripura, Unakoti, Dhalai, Khowai, West Tripura, Sepahijala, Gomati & South Tripura Districts (beneficiaries having 64 Kb cards) from Insurance Companies registered by IRDA for implementation of RSBY.

For effective operation of the scheme, partnership is envisaged between the Insurance Company, public and the private sector hospitals and the State agencies. State Government/Nodal Agency will assist the Insurance Company in networking with the Government/Private hospitals, fixing of treatment protocol and costs, treatment authorization, so that the cost of administering the scheme is kept at the lowest, while making full use of the resources available in the Government/Private health systems. Public hospitals, including ESI hospitals and such private hospitals fulfilling minimum qualifications in terms of availability of inpatient medical beds, laboratory, equipments, operation theatres, smart card reader etc. and a track record in the treatment of the diseases can be enlisted for providing treatment to the identified families under the scheme.

Only such companies as are in agreement with scheme and its clauses, only need to participate in the bidding. Any disagreement in this regard is liable for disqualification/rejection of bid at technical level. Hence all the companies are expected to go through the scheme carefully and submit their acceptance in specific format given in the bid document.

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GLOSSARY

The words and expressions that are capitalized and defined in these Tender Documents shall, unless the context otherwise requires, have the meaning ascribed herein. Any term not defined in the Tender Documents shall have the meanings ascribed to it in the Main Contract.

Addendum or **Addenda**	means an addendum or addenda (document issued in continuation or as modification or as clarification to certain points in the main document) to the Tender Documents issued in accordance with Clause 4.3. The bidders would need to consider the main document as well as any addenda issues subsequently for responding with a bid.
Affiliate	in relation to a Bidder, means a person that, directly or indirectly, through one or more intermediaries: (i) Controls; (ii) is Controlled by; or (iii) is under the common Control with, such Bidder.
Beneficiary Database	means the database providing details of families and their members that are eligible for RSBY, Such database will be prepared by or on behalf of the State Nodal Agency, validated by the GoI and thereafter uploaded on the RSBY website: *www.rsby.gov.in*.
Beneficiary Family Unit	means each family unit of up to 5 members.
Beneficiaries	means the members of Beneficiary Family Units that are eligible to be enrolled by the Insurer in RSBY.
Bid	means each proposal submitted by a Bidder, including a Technical Bid and a Financial Bid, to be eligible for and to be awarded the Contract; and **Bids** shall mean, collectively, the Bids submitted by the Bidders.
Bid Due Date	means the last date for submission of the Bids as specified in the Tender Notice, and as may be amended from time to time.

Bidder	means a person that submits a Bid in accordance with the Tender Documents; and the term **Bidders** shall be construed accordingly.
Bidding Process	means the bidding process that is being followed by the State Nodal Agency for the award of the Contract, the terms of which are set out in these Tender Documents.
CHC	means a community health centre in the State.
Call Centre Service	means the toll-free telephone services to be provided by the Insurer for the guidance and benefit of the Beneficiaries
Cashless Access Service	means the service provided by the hospitals on behalf of the Insurer to the Beneficiaries covered under RSBY for the provision of health care facilities without any cash payment by the beneficiary.
Contract	means a contract to be entered into by the State Nodal Agency and the Insurer for the provision of health insurance cover to the Beneficiaries under the RSBY.
Cover	in relation to a Beneficiary Family Unit resident in a district, means the total risk cover of RSBY that will be provided by the Insurer to such Beneficiary Family Unit under the Contract and the Policy for that district.
District Key Manager or **DKM**	in relation to a district, means a government official appointed by the State Nodal Agency to administer and monitor the implementation of the RSBY in that district and to carry out such functions and duties as are set out in the Tender Documents.
District Kiosk	in relation to each district, means the office established by the Insurer at that district to provide post-issuance services to the Beneficiaries and to

	Empanelled Health Care Providers in that district, in accordance with Section 17.
Insurance Server	in relation to a district, means the server that the Insurer shall set up to: set up and configure the Beneficiary Database for use at enrolment stations; collate enrolment data including fingerprints; collate transaction data; collate data related to modifications undertaken at the district kiosk; submit periodic reports to the State Nodal Agency and/or to MoHFW; and perform such other functions set out in this tender.
Eligible Bidder	means a Bidder that is found to be eligible and to satisfy the Qualification Criteria and whose Technical Bid is found to be substantially responsive to the Tender Documents, and which will therefore be eligible to have its Financial Bid opened.
Empanelled Health Care Provider	means a hospital, a nursing home, a CHC, a PHC or any other health care provider, whether public or private, satisfying the minimum criteria for empanelment and that is empanelled by the Insurer, in accordance with Section 7.
Enrolment Kit	means the equipments, meeting the requirements provided in this tender, required for registration, card issuance and verification that must be carried by an enrolment team for carrying out enrolment of the Beneficiaries under RSBY.
Enrolment Conversion Rate	in relation to a district, means the total number of Beneficiary Family Units enrolled and issued Smart Cards as compared with the total number of Beneficiary Family Units listed in the Beneficiary Database, determined in percentage terms.
Field Key Officer or **FKO**	means a field level Government officer or other person appointed by the State Nodal Agency to identify and verify the Beneficiary Family Units at the time of enrolment based on the Beneficiary Database

	and to carry out such other functions and duties.
Financial Bid	means a financial proposal submitted by the Bidder setting out the Premium quoted by the Bidder.
GoI	means the Government of India.
IEC and BCC	Information, Education and Communication (IEC) and Behavioral Change Communication (BCC) are the activities which are related to making the information about the scheme available to the beneficiaries.
Insurer	means the Bidder that is selected as the Successful Bidder and that enters into the Contract with the State Nodal Agency.
IRDA	means the Insurance Regulatory and Development Authority.
MoHFW	Means the Ministry of Health & Family Welfare, Government of India.
MoLE	means the Ministry of Labour & Employment, Government of India.
Notification of Award or **NOA**	means the notification of award that will be issued by the State Nodal Agency to the Successful Bidder after the proposal is accepted by the MoHFW.
OPD	means out-patient department.
PHC	means a Primary Health Centre in the State.
Package Rates	mean the fixed maximum charge per medical or surgical treatment, procedure or intervention or day care treatment that will be covered by the Insurer.
Policy	in respect of each district in the State, means the

	policy issued by the Insurer to the State Nodal Agency describing the terms and conditions of providing risk cover to the beneficiaries that are enrolled in that district, including the details of the scope and extent of cover available to the beneficiaries, the exclusions from the scope of the risk cover available to the Beneficiaries, the Policy Cover Period of such policy and the terms and conditions of the issue of such policy.
Premium	means the premium to be paid by the State Nodal Agency to the Insurer in accordance with Section 9.
Project Office	means office set by the selected Insurance Company in the State.
Qualification Criteria	means the minimum qualification criteria that the Bidder is required to satisfy in order to qualify for evaluation of its Financial Bid.
RSBY	means the Rashtriya Swasthya Bima Yojana, a scheme instituted by the GoI for the provision of health insurance services by an Insurer to the RSBY Beneficiary Family Units within defined districts of a State.
RSBY Beneficiary Family Units	means a Beneficiary Family Unit that is eligible to receive the benefits under the RSBY, i.e. those Beneficiary Family Units that fall within any of the following categories: below poverty line (BPL) households listed in the BPL list published for the State; MNREGA households; and households of unorganized workers (i.e., domestic workers, beedi workers, building and other construction workers and street vendors) and any other category of households notified by the MoLE as being eligible for benefits under the RSBY.
Rupees or ₹	means Indian Rupees, the lawful currency of the Republic of India.

Section	means a section of Part I of the Tender Documents.
Services Agreement	means the agreement to be executed between the Insurer and an Empanelled Health Care Provider, for utilization of the Cover by the Beneficiaries on a cashless basis.
Service Area	means the State and districts for which this tender is applicable.
Smart Card	means the electronic identification card issued by the Insurer to the Beneficiary Family Unit, for utilization of the Cover available to such Beneficiary Family Unit on a cashless basis meeting the specifications as defined in Annexure 4.
Smart Card Service Provider	means the intermediary that meets the criteria set out in this tender and that is appointed by the Insurer for providing services that are mentioned in this tender. For purposes of RSBY this organization must be accredited by Quality Council of India (QCI) as per norms set by RSBY
State Nodal Agency	means the Nodal Institution set up by the respective State Government for the purpose of implementing and monitoring the RSBY.
Successful Bidder	means the Eligible Bidder that has been selected by the State Nodal Agency for the award of the Contract.
Technical Bid	means a technical proposal to be submitted by each Bidder to demonstrate that: (i) the Bidder meets the Qualification Criteria; and (ii) the Bidder is eligible to submit a Bid under the terms set out in Part II of the Tender Documents.
Tender Documents	means these tender document issued by the State Nodal Agency for appointment of the Insurer and award of the Contract to implement the RSBY. This would include the Addendum, annexures,

	clarifications, Minutes of Meeting or any other documents issued along with or subsequent to the issue of the tender and specifically mentioned to be part of the tender.
Tender Notice	shall mean the notice inviting tenders for the implementation of the RSBY.
Third Party Administrator or **TPA**	means any organization that: is licensed by the IRDA as a third party administrator, meets the criteria set out at **Appendix 16** and that is engaged by the Insurer, for a fee or remuneration, for providing Policy and claims facilitation services to the Beneficiaries as well as to the Insurer upon a claim being made.

PART 1 - Information to the bidder

1. NAME

The name of the scheme shall be "**RASHTRIYA SWASTHYA BIMA YOJANA" (RSBY).**

2. OBJECTIVE

To improve access of identified families to quality medical care for treatment of diseases involving hospitalization through an identified network of health care providers.

3. BENEFICIARIES

The scheme is intended to benefit Below Poverty Line (BPL) population and all other 11 identified categories of beneficiaries permissible as per RSBY Guidelines in the following districts**.** Therefore, tenders are invited to cover an estimated number of 6.80 lacs approximately (the number may increase or decrease) families of the State. District wise profile of the identified families is given below:

Name of the District	BPL Families	Other Category of Families	No. of Block	No. of CHCs/ PHCs	No. of District Hospital	No. of Other Govt. Hospitals	No. of Private Hospital
Dhalai	25475	51750	6	3	1	3	
North Tripura	25886	45807	6	6		2	
Unakoti	18044	35538	3	1	1		
South Tripura	33513	54297	6	8		2	
Gomati	32008	56512	7	5	1	1	
Khowai	25868	56568	6	4		1	
Sepahijala	33744	62140	5	7		1	
West Tripura	55537	77777	6	6		3	1
Total	**250075**	**430389**	**45**	**40**	**3**	**13**	**1**

NOTE: In addition to the estimated number of beneficiaries as given above, the Central/ State Government may add more Beneficiaries to the scheme. The Same terms and conditions including Premium shall be applicable to additional beneficiary families. However, the State Government shall have to take prior written approval from Ministry of Health & Family Welfare before adding more beneficiaries to the scheme than the estimated number of beneficiaries.

4. ENROLMENT UNIT AND ITS DEFINITION

4.1. Unit of Enrolment

The unit of enrolment for RSBY is family.

4.2. Size of Family

The size of the enrolled family unit can be up to a unit of five for availing benefit under RSBY.

4.3. Definition of Family

a. A family would comprise the Head of the family, spouse, and up to three dependents.
b. If the spouse of the head of the family is listed in the Beneficiary Database, the spouse shall mandatorily be part of the Beneficiary Family Unit.
c. If the head of the family is absent at the time of enrolment, the spouse shall become the head of the family for the purpose of the RSBY.
d. The head of the family shall nominate up to but not more than 3 dependants as part of the Beneficiary Family Unit, from the dependants that are listed as part of the family in the Beneficiary Database.
e. If the spouse is dead or is not listed in the Beneficiary Database, the head of the family may nominate a fourth member as a dependant as part of the Beneficiary Family Unit.

5. BENEFITS

5.1. Benefit Package

The Benefits within this scheme, to be provided on a cashless basis to the beneficiaries up to the limit of their annual coverage, package charges on specific procedures and subject to other terms and conditions outlined herein, are the following:

a. Coverage for meeting expenses of hospitalization for medical and/or surgical procedures **including maternity benefit and new born care,** to the enrolled families for up to ₹30,000/- per family per year subject to limits, in any of the empanelled health care providers across India. The benefit to the family will be on floater basis, i.e., the total reimbursement of ₹30,000/- can be availed individually or collectively by members of the family per year.

b. Pre-existing conditions/diseases are to be covered from the first day of the start of policy, subject to the exclusions given in **Appendix 1**.

c. Coverage of health services related to surgical nature for defined procedures shall also be provided on a day care basis. The Insurance Company shall provide coverage for the defined day care treatments/ procedures as given in **Appendix 2**.

d. Provision for transport allowance of ₹100 per hospitalisation subject to an annual ceiling of ₹1000 shall be a part of the package. This will be provided by the hospital to the beneficiary at the time of discharge in cash.

e. Pre and post hospitalization costs up to 1 day prior to hospitalization and up to 5 days from the date of discharge from the hospital shall be part of the package rates.

f. **Screening and Follow up care as separate day care packages. This is separate from Pre and post hospitalisation coverage as mentioned in Section 5.1 (e) above.**

g. Maternity and Newborn Child will be covered as indicated below:

i. It shall include treatment taken in hospital/nursing home arising out of childbirth, including normal delivery/caesarean section and/or miscarriage or abortion induced by accident or other medical emergency subject to exclusions given in **Appendix 1**.

ii. Newborn child shall be automatically covered from birth up to the expiry of the policy for that year for all the expenses incurred in taking treatment at the hospital as in-patient. This benefit shall be a part of basic sum insured and new born will be considered as a part of insured family member till the expiry of the policy subject to exclusions given in **Appendix 1**.

iii. The coverage shall be from day one of the inception of the policy. However, normal hospitalisation period *for both mother and child* should not be less than 48 hours *post delivery*.

Note:

i. For the ongoing policy period until its renewal, new born will be provided all benefits under RSBY and will NOT be counted as a separate member even if five members of the family are already enrolled.

ii. Verification for the newborn can be done by any of the existing family members who are enrolled in RSBY through the same smart card as that of the mother.

5.2. Package Rate

The Insurer's liability for any medical or surgical treatment, procedure or intervention or listed day care procedure under the benefits package shall be no more than the Package Rates for that medical or surgical treatment, procedure or intervention or listed day care procedure that is set out in **Appendix 3**. If hospitalization is due to a medical condition, a flat per day rate will be paid depending on whether the Beneficiary is admitted in the General Ward or the Intensive Care Unit (ICU).

These package rates (in case of surgical procedures or interventions or day care procedures) or flat per day rate (in case of medical treatments) will include:

a. Registration Charges
b. Bed charges (General Ward),
c. Nursing and Boarding charges,
d. Surgeons, Anasthetists, Medical Practitioner, Consultants fees etc.
e. Anasthesia, Blood Transfusion, Oxygen, O.T. Charges, Cost of Surgical Appliances etc,
f. Medicines and Drugs,
g. Cost of Prosthetic Devices, implants,
h. X-Ray and other Diagnostic Tests etc,
i. Food to patient
j. Expenses incurred for consultation, diagnostic test and medicines up to 1 day before the admission of the patient and cost of diagnostic test and medicine up to 5 days of the discharge from the hospital for the same ailment / surgery
k. Transportation Charge of Rs. 100/- (payable to the beneficiary at the time of discharge in cash by the hospital)
l. Any other expenses related to the treatment of the patient in the hospital.

The package rates can be amended by State Nodal Agency before the issuance of bid or renewal of contract as the case may be. However, if this is done during the currency of the policy period then it shall only be done with the mutual consent of the Insurer and State Nodal Agency. However, package rate changes shall be implemented only after prior intimation to MoHFW.

Provided that the beneficiary has sufficient insurance cover remaining at the time of seeking treatment, surgical or medical procedure or intervention or day care procedure for which package rates have been decided, claims by the Empanelled Health Care Provider will not be subject to pre-authorization process by the Insurer. The list of common procedures and package charges is set out in **Appendix 3** to this tender, and will also be incorporated as an integral part of service agreements between the Insurer and its empanelled providers.

6. ELIGIBLE HEALTH CARE PROVIDERS

Both public (including Employee State Insurance Hospitals) and private healthcare providers which provide hospitalization and/or day care services would be eligible for empanelment under RSBY, subject to such requirements for empanelment as outlined in this tender document.

7. EMPANELMENT OF HEALTH CARE PROVIDERS

The Insurer shall ensure that the enrolled beneficiaries under the scheme are provided with the option of choosing from a list of empanelled Providers for the purposes of seeking treatment.

Health Care Providers having adequate facilities and offering services as stipulated in the guidelines will be empanelled after being inspected by qualified technical team of the Insurance Company or their representatives in consultation with the District Nodal Officer, RSBY and approved by the District Administration/State Government/State Nodal Agency.

If it is found that there are insufficient health care providers in a district or that the facilities and services provided by health care providers in a district are inadequate, then the State Nodal Agency can reduce the minimum empanelment criteria specified in this Section 7 on a case-by-case basis.

The criteria for empanelment of hospital are provided as follows:

7.1. Criteria for Empanelment of Public Health Care Providers

All Government hospitals as decided by the State Government (including Community Health Centres) and Employee State Insurance Scheme hospitals shall be empanelled provided they possess the following minimum facilities

a. Telephone/Fax and Internet Facility
b. The complete transaction enabling infrastructure as has been defined in **Appendix 4**
c. An operational pharmacy and diagnostic test services, or should be able to link with the same in close vicinity so as to provide 'cashless' service to the patient.
d. Maintaining of necessary records as required and providing necessary records of the RSBY patients to the Insurer or his representative/ Government/Nodal Agency as and when required.
e. A Bank account which is operated by the health care provider through Rogi Kalyan Samiti or equivalent body.

7.2. Criteria for Empanelment of Private Health Care Providers

The criteria for empanelling private hospitals and health facilities would be as follows:

a. At least 10 functioning inpatient beds or as determined by State Nodal Agency. The facility should have an operational pharmacy and diagnostic test services, or should be able to link with the same in close vicinity so as to provide 'cash less' service to the patient.
b. Those facilities undertaking surgical operations should have a fully equipped Operating Theatre of their own.

c. Fully qualified doctors and nursing staff under its employment round the clock.
d. Maintaining of necessary records as required and providing necessary records of the insured patient to the Insurer or his representative/ Government/Nodal Agency as and when required.
e. Registration with Income Tax Department.
f. Telephone/Fax and Internet Facility

The complete transaction-enabling infrastructure, required to be procured by the private hospitals to be considered as empanelled and enabled for raising claims on Insurance Company, has been defined in **Appendix 4**

7.3. IT Infrastructure needed for Empanelment in RSBY

a. Both public and private health care providers which fulfill the criteria for empanelment and are selected for empanelment in RSBY by the Insurance Company or their representatives will need to put in place such infrastructure and install such hardware and software as given in **Appendix 4**.
b. The Insurer shall be responsible for providing and installing the entire IT infrastructure (i.e., hardware and software) for each public Empanelled Health Care Provider in a district before commencement of enrolment in that district.
c. Each private Empanelled Health Care Provider will be responsible for providing and installing the entire IT infrastructure (i.e., hardware and software) before commencement of enrolment in the district where such Empanelled Health Care Provider is located.
d. It is the responsibility of the hospitals to ensure that the system is running at all times and to inform the concerned SCSP which has installed the system, in case there are in problems related to its proper use as required.

7.4. Additional Benefits to be provided by Health Care Providers

In addition to the benefits mentioned above, both Public and Private Providers should provide Free Registration and free OPD consultation to the RSBY enrolled beneficiaries.

7.5. Additional Responsibilities of the Health Care Providers

In addition to providing cashless treatment, the healthcare provider shall:

a. Display clearly their status of being an empanelled provider of Rashtriya Swasthya Bima Yojana in the prescribed format given by State Nodal Agency outside/at their main gate.

b. Provide a functional help desk for giving necessary assistance to the RSBY beneficiaries. At least two persons in the hospital will be nominated by

the hospital who will be trained in different aspects of RSBY and related hardware and software by the Insurance Company.

c. Display a poster near the reception/admission desks along with the other materials supplied by the Insurer for the ease of beneficiaries, Government and Insurer. The template of Empanelled status and poster for reception area will be provided by the State Nodal Agency.

d. Make claims on the Insurer electronically, by swiping the Smart Card presented by the Beneficiaries at the time of registration, admission (blocking) and discharge. The Insurer shall discourage the Empanelled Health Care Providers from making manual claims.

e. Send hospitalisation data of RSBY patients electronically on a daily basis to the designated server.

f. Maintain such records and documentation as are required for the Insurer to pre-authorise treatments and process claims.

g. Cooperate with the Insurer and the State Nodal Agency and provide access to the Insurer and State Nodal Agency to all facilities, records and information for the conduct of audits or any other performance evaluations of the performance by the Empanelled Health Care Provider.

h. Comply with the provisions of all applicable laws, statutes, rules and regulations, as amended from time to time.

7.6. Process for Empanelment of Hospitals

The Insurance Company shall make sure that adequate number of both public and private health care providers shall be empanelled in each district. The Insurer shall also make efforts that the empanelled providers are spread across different blocks of the district.

Insurance Company will undertake following activities for the empanelment of hospitals:

a. Prepare a list of eligible public and private hospitals in a district which can be empanelled in RSBY after taking inputs from State Nodal Agency and District administration.
b. Organize a district workshop in the district for sensitization of public and private hospitals after completion of tendering process but before the commencement of enrolment in the district.
c. Based on the list of hospitals prepared and willingness of the health care providers, the Insurance Company will prepare and submit a final list of public and private hospitals which will be empanelled in a district to the District administration along with a copy to State Nodal Agency.

d. Enter into the Services Agreements with the public and private health care providers which have agreed to be empanelled in a district, prior to commencement of enrolment for such district.
e. Make sure that the necessary software and hardware are installed in the hospital before the commencement of the policy.
f. Apply for Master Hospital Card by filling up the details of the hospitals in the designated area of www.rsby.gov.in
g. Provide Master Hospital Card to the hospital after receiving it from the District Key Manager in the district before the commencement of the policy.
h. Ensure activation and working of the machines at each empanelled Hospital before the commencement and during the Policy Period
i. Ensure the training of the Hospital personnel during the Hospital Workshop and individually as well, along with the refresher training as and when needed

7.7. Agreement with Empanelled Hospital

The Insurance Company will sign agreements with empanelled Health Care Providers, to provide Benefits under RSBY. Draft Template for Agreement between Insurer and Hospital has been provided in **Appendix 5**.

If the Insurer or State Nodal Agency wishes to modify the draft Services Agreement or amend the Services Agreement entered into with an Empanelled Health Care Provider, the Insurer shall obtain the prior written approval from the Ministry of Health & Family Welfare for such modifications or amendments.

7.8. Delisting of Hospitals

An empanelled hospital would be de-listed from the RSBY 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. The Insurance Company will follow the Guidelines for de-empanelment for hospitals as given in **Appendix 6**.

A hospital once de-empanelled, in accordance with the procedures laid down in **Appendix 6**, and from the scheme shall not be empanelled again for at least a period of one year.

7.9. List of Empanelled Health Care Providers to be submitted

The Insurer should provide list of empanelled health providers in each district before the commencement of the enrolment in that district with the following details to the State Government/ Nodal Agency:

a. A list of empanelled health care providers, within the State, and in neighbouring districts of the State, that have agreed to be a part of RSBY network, in the format given in **Appendix 7**.

b. For the health care providers which will be empanelled after the commencement of the enrolment process in the district, the Insurer will need to submit this information every month to the State Government/ Nodal Agency. Insurer will also need to ensure that details of these hospitals are conveyed to the beneficiaries through an appropriate IEC from time to time.

Insurer will also need to ensure that details of all Empanelled Health Care Providers are conveyed to the beneficiaries of the RSBY at regular intervals and an updated copy of such list is kept at the District Kiosks and Panchayat office at all times.

8. SERVICES BEYOND SERVICE AREA

a. The Insurer undertakes that it will, within one month of signing of agreement with State Government, empanel health Providers beyond the territory of the districts covered by this tender for the purposes of providing benefits under RSBY to Beneficiaries covered by this tender. Such providers shall be subject to the same empanelment process and eligibility criteria as provided within the territory of aforementioned districts, as outlined in Section 7 of this tender.

b. If the hospitals in the neighbouring districts are already empanelled under RSBY, then insurer shall provide a list of those hospitals to the State Government/ Nodal Agency.

c. To ensure true portability of smart card so that the beneficiary can get seamless access to RSBY empanelled hospitals anywhere across India, the Insurer shall enter into arrangement with ALL other Insurance companies which are working in RSBY for allowing sharing of network hospitals, transfer of claim & transaction data arising in areas beyond the service area.

d. The Inter insurance company claims, whether within the State or between the State, will also be handled in the same way and time frame by the Insurance Companies as defined in this document.

9. DISTRICT KEY MANAGER AND FIELD KEY OFFICER

The District Key Manager (DKM) is a key person in RSBY responsible for executing very critical functions for the implementation of RSBY at the district level. The DKM is appointed by State Government/ Nodal Agency within 7 days of signing agreement with the Insurance Company. DKM is provided a security card through which FKO cards are issued. The roles and functions of DKM has been provided in **Appendix 10**.

The Field Key Officer (FKO) is a field level Government officer, or any other functionary nominated by DKM, who is responsible for verifying the identity of the beneficiary head of the household. The FKO does this process through his/ her fingerprint and smart card provided for this purpose by the Government called Master Issuance Card (MIC). The roles and functions of FKO have been provided in **Appendix 10.**

10. PAYMENT OF PREMIUM, REGISTRATION FEE AND REFUND

10.1. Payment of Premium and Registration Fees

State Government/Nodal Agency will, on behalf of the identified beneficiaries, make the payment of the State share of the premium to the Insurance Company based on the enrolment of the identified beneficiaries and delivery of smart cards to them. The Central Government, on receipt of this information, and enrolment data from the State Government/Nodal Agency in the prescribed format, shall release its share of premium to the State Government/Nodal Agency which in turn will release this amount to the Insurance Company.

Payment of registration fee and premium installment will be as follows:

a. The Insurer or its representative(s) shall collect the registration fee of ₹30 from each RSBY Beneficiary Family Unit, at the time of enrolment and on delivery of the Smart Card. The registration fee collected by the Insurer shall be deemed to be the **first installment of the premium**.

b. **Second installment** shall be paid by the State Nodal Agency to the Insurance Company whereby Insurer will raise the bill for Premium on the last day of the month in which enrolment occurs, in relation to enrolments completed in that month. Along with its invoice, the Insurer shall provide the complete enrolment data (including personal data, i.e. photograph biometric print images) to the State Nodal Agency in electronic form.

The State Nodal Agency shall pay the second installment of the Premium within 15 days of receipt of the invoice from the Insurer, subject to verification of the enrolment data submitted by the Insurer against the data downloaded from the Field Key Officer (FKO) cards on the District Key Manager (DKM) server.

In case this data is not available for some reason from DKM Server, the signed data to be submitted by the Insurance Company of the enrolment will be used to determine number of families enrolled in RSBY.

The installment will be in the nature of {10% of (X-60)}-30 being the North Eastern State. (X being the premium amount per family).

c. **Third installment** shall be paid by the State Nodal Agency on the receipt of the share of the Central Government.

The installment will be as per the following formula:

{90% of (X-60)} + 60
Subject to a maximum of Rs. 565/- + Rs. 60/- provided by the Central Government)

The Central Government shall release this amount to State Nodal Agency within 21 days of receiving the request from State Nodal Agency in the prescribed format along with all other documents and requirement as may be required.

This amount shall be paid by the State Nodal Agency within 7 working days of receipt of the amount from Central Government

{Any additional amount of premium beyond the one determined for Central Government as per the aforementioned formula shall be borne by the State Government.}

Note:

i. The Insurer / Insurance Company needs to enter the details of the premium bill raised on the web portal of **www.rsby.gov.in**. As soon as the Insurance Company makes an entry about the claim raised, a **Premium Claim Reference (PCR) Number will be generated by the system** and this should be mentioned on the Bill submitted to State Nodal Agency.

ii. Premium payment to the Insurance Company will be based on Reconciliation of invoice raised by Insurer and enrolment data downloaded from Field Key Officers' (FKOs) Card at district level DKM server.

iii. It will be the responsibility of the State Nodal Agency to collect the data downloaded from FKO cards from each of the district.

iv. Insurance Company shall NOT contact District Key Manager (DKM) regarding this data to get any type of certificate.

v. The Insurance Company will need to submit on a weekly basis digitally signed Enrolment data generated by the enrolment software at DKM server. This data will be matched with FKO data to determine the number of beneficiary families enrolled.

10.2. Refund of Premium

The Insurer will be required to refund premium as stipulated below if they fail to reach the claim ratio specified below at the full period of insurance policy. The premium refund shall be as per the formula below:

a. In case the claim ratio {(hospital claims paid + INR 60 towards cost of card) / premium received} is less than 70%, then the insurer will return the difference between actual claim ratio and 70% to the SNA.

b. In case the claim ratio, as calculated above, is higher than 100%, no refund shall be available to the insurance company.

c. The claim data shall be updated, by the insurance company, within 30 days of submission of claims by the hospital.

d. The refund amount will be returned within 90 days of the end of policy period.

10.3. Penalties on Insurance Company having impact on premium

There are defined penalties that have impact on premium payment. These penalties have been explained in detail in **Section 20** of this document which gives information about penalties and termination.

10.4. Penalty on SNA to be paid to Insurance Company for delay in premium payment

SNA will pay a penalty to the Insurance Company in case of delay in premium payment. The details are given in Section 20 of this document. If the premium is not paid to the insurance company within six months of the commencement of policy, interest of 0.5% of amount for every 15 days delay if the premium payment is delayed beyond 6 months of the start of policy shall be paid by the SNA to the insurance company, provided the fault for delay lies upon SNA.

11. Period of Contract and Insurance

11.1. Term of the Contract

The period of Contract between State Nodal Agency and the INSURANCE COMPANY shall be for one year from the effective date, and may be renewed on yearly basis for a maximum of two more years subject to the insurance company fulfils parameters fixed by the State Government/ Nodal Agency for renewal as given in Appendix 8. Once eligible, automatic renewal will follow only in case of mutual agreement between SNA and the INSURANCE

COMPANY. The decision of the State Government/SNA shall be final in this regard.

The insurance coverage under the scheme shall be in force for a period of one year from the date of commencement of the policy. Further extension beyond the period of first year shall be considered with the prior approval of the Government of India.

The commencement of period may be determined for the entire State depending upon the commencement of the issue of smart cards .

However, the cumulative term of the Contract(s) shall not exceed three Insurance policy years, from the date of beginning of Insurance policy in the first year, excluding the period before the insurance policy begins. The decision regarding extending the contract of the Insurance Company on an

yearly basis will be taken by the State Nodal Agency as per the parameters provided in **Appendix 8**.

Even after the end of the contract period, the Insurance Company needs to ensure that the server, SCSP and TPA services are available till the reconciliation with and settlement of claims of the hospitals empanelment of the districts.

11.2. Issuance of Policy

a. The terms and conditions set out in the Policy issued by Insurer to the State Nodal Agency shall: (i) clearly state the Policy number (which shall be included as a field on the Smart Card issued to each Beneficiary Family Unit); (ii) clearly state the Policy Cover Period under such Policy, that is determined in accordance with Section 11.3; and (iii) contain terms and conditions that do not deviate from the terms and conditions of insurance set out in the Contract(s).
b. Notwithstanding any delay by the Insurer in issuing a Policy in accordance with Section 11.2(a), the Policy Cover Period for each district shall commence on the date determined in accordance with Section 11.3.
c. In the event of any discrepancy, ambiguity or contradiction between the terms and conditions set out in the Contract(s) and in the Policies issued for a district, the Contract(s) provisions shall prevail.

The commencement of policy period may be determined for each District separately depending upon the commencement of the issue of smart cards in that particular District.

11.3. Commencement of policy in districts

The State Nodal Agency shall have the right, but not an obligation, to require the Insurer to renew the Policy Cover Period under Policies issued in

respect of any district, by paying pro rata Premium for the renewal period. The benefits set out in Section 5.1(a) shall be available upon such renewal. Upon such renewal of the Policy Cover Period, the Insurer shall promptly undertake to inform the enrolled Beneficiary Family Units of such renewal and also provide such information to the District Kiosk of the relevant district.

A. In the cases of districts where policy is starting for the first time:

a. The Policy Cover Period under the RSBY for a district shall commence from the first day of the month succeeding the month in which the first Smart Card is issued in that district. Therefore, the risk cover for the first Beneficiary Family Unit to be issued a Smart Card in such district shall be for the entire Policy Cover Period.

b. The risk cover for each Beneficiary Family Unit issued a Smart Card in a district after the issuance of the first Smart Card in that district will commence on the later to occur of: (i) the date of issuance of the Smart Card to such Beneficiary Family Unit; and (ii) the date of commencement of the Policy Cover Period for such district. Provided, however that, each Beneficiary Family Unit shall have a minimum of
9months of risk cover. Therefore, enrolments in a district shall cease
4 months from start of Smart Card issuance in that district.

c. Notwithstanding the date of enrolment and issuance of the Smart Cards to the Beneficiary Family Units in a district, the end date of the risk cover for all the Beneficiary Family Units in that district shall be the same. For the avoidance of doubt, the Policy Cover Period shall expire on the same date for ALL Beneficiary Family Units that are issued Smart Cards in a district.

Illustrative Example.

If the first Smart Card in a district is issued anytime during the month of July 2013, the Policy Cover Period for that district shall commence from 1st August, 2013. The Policy Cover Period shall continue for a period of 12 months, i.e., 31st July 2014, unless the State Nodal Agency has exercised its right to renew the Policy Cover Period in accordance with Section 11.3(b). If the State Nodal Agency exercises its right to renew the Policy Cover Period, the Policy shall expire not later than the period of such renewal.

However, in the same example, if a Smart Card is subsequently issued in the month of August to October, 2013 in the same district, then the risk cover for such Beneficiary Family Unit will commence immediately, but will terminate on 31st July 2014.

Thus, all Smart Cards issued in the district will be entitled to a risk cover under the Base Cover Policy and the Additional Cover Policy for that district. The Policy Cover Period under the Base Cover Policy and the Additional Cover Policy for that district shall commence on 1st August, 2015 and expire on 31st July, 2016. The risk cover available to a Beneficiary Family Unit

enrolled in that district shall be determined based on the date of enrolment of such Beneficiary Family Unit, as follows:

Enrolment in New districts

	Smart card issued During	Commencement of Insurance	Policy End Date
1.	July, 2015	1st August, 2015	31st July, 2016
2.	August, 2015	August 2015	31st July, 2016
3.	September, 2015	September 2015	31st July, 2016
4.	October, 2015	October 2015	31st July, 2016

B. In cases of districts where policy is going on and renewal process needs to be followed:

a. The Policy Cover Period under the Base Cover Policy for a district shall commence from the first day of the month succeeding the month in which the policy is expiring in the district.

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b. Each Beneficiary Family Unit shall have 12months of risk cover. Therefore, enrolments in a district shall start four month before the end of the policy period and will cease 4 months from start of Smart Card renewal/ issuance in that district.

c. Notwithstanding the date of enrolment and issuance of the Smart Cards to the Beneficiary Family Units in a district, the end date of the risk cover for all the Beneficiary Family Units in that district shall be the same. For the avoidance of doubt, the Policy Cover Period shall expire on the same date for ALL Beneficiary Family Units that are issued Smart Cards in a district.

Illustrative Example.

If the policy in a district is getting over on 31st July 2016 then the new policy shall start from 1st August 2016 and Smart Card renewal/ issuance in that district shall start in the month of April 2016. The Policy Cover Period for that district shall commence from 1st August, 2016. The Policy Cover Period shall continue for a period of 12 months, i.e., 31st July 2017, unless the State Nodal Agency has exercised its right to renew the Policy Cover Period in accordance with Section 11.3(b). If the State Nodal Agency exercises its right to renew the Policy Cover Period, the Policy shall expire not later than the period of such renewal.

However, in the same example, if a Smart Card is subsequently issued in the month of May to July 2015 in the same district, then the risk cover for such Beneficiary Family Unit will still commence from 01st August 2015, and will terminate on 31st July 2016.

Thus, all Smart Cards issued in the district will be entitled to a risk cover under the Base Cover Policy and the Additional Cover Policy for that district.

The Policy Cover Period under the Base Cover Policy and the Additional Cover Policy for that district shall commence on 1st August, 2015 and expire on 31st July, 2016. The risk cover available to a Beneficiary Family Unit enrolled in that district shall be determined based on the date of enrolment of such Beneficiary Family Unit, as follows:

Enrolment in districts

	Smart card issued During	Commencement of Insurance	Policy End Date
1.	April 2015	1st August, 2015	31st July, 2016
2.	May 2015	1st August, 2015	31st July, 2016
3.	June 2015	1st August, 2015	31st July, 2016
4.	July 2015	1st August, 2015	31st July, 2016

The insurance company will have a maximum of 4 [Four] months to complete the **entire enrolment process** in both new and renewal set of districts. For both the set of districts **full premium for all the four months will be given to the insurer.**

The salient points regarding commencement & end of the policy are:

a. Policy end date shall be the same for ALL smart cards in a district
b. Policy end date shall be calculated as completion of one year from the date of Policy start for the 1st card in a district
c. In case of new districts, minimum 9 months of policy cover shall be provided to the beneficiary families.
d. In case of renewal districts minimum 12 months of service needs to be provided to a family hence enrollments in a district shall cease 4 months from beginning of card issuance.
e. For certain categories of beneficiaries as defined by MoHFW the policy period may be even less than 9[nine] months and premium could be given for those categories on a pro-rata basis.

Note: For the enrolment purpose, the month in which first set of cards is issued would be treated as full month irrespective of the date on which cards are issued

12. ENROLMENT OF BENEFICIARIES

The enrolment of the beneficiaries will be undertaken by the Insurance Company. The Insurer shall enrol the identified beneficiary families based on the validated data downloaded from the RSBY website and issue Smart card as per RSBY Guidelines.

Further, the enrolment process shall continue as per schedule agreed by the State Government/Nodal Agency. Insurer in consultation with the State Government/ Nodal Agency and District administration shall chalk out the enrolment/renewal cycle up to village level by identifying enrolment stations in a

manner that representative of Insurer, State Government/Nodal Agency and smart card vendor can complete the task in scheduled time.

While preparing the roster for enrolment stations, the Insurer must take into account the following factors:

Number of Enrolment Kits that will need to be deployed simultaneously.
Location of the enrolment stations within the village or urban area.
Location of the enrolment station for various other categories

However, the Insurer shall not commence enrolment in a district, unless the health care providers are empanelled, district kiosk is functional and call centre is operational.

The process of enrolment/renewal shall be as under:

a. The Insurer or its representative will download the beneficiaries' data for the selected districts from the RSBY website www.rsby.gov.in.
b. The Insurer or its representative will arrange for the 64kb smart cards as per the Guidelines provided in **Appendix 4. <u>The Insurer shall not renew any old 32kb RSBY smart cards issued to the Beneficiary Family Units</u>**. Only Certified Enrolment Software by <u>MoHFW</u> shall be used for issuance of smart card.
c. The Insurer will commit and place sufficient number of enrolment kits and trained personnel for enrolment in a particular district based on the population of the district so as to ensure enrolment of all the target families in the district within the time period provided. The details about the number of enrolment kits along with the manpower requirement have been provided in **Appendix 9**. It will be the responsibility of the Insurance Company to ensure that enrolment kits are in working condition and manpower as per **Appendix 9** is provided from the 1st day of the commencement of enrolment in the district.
d. The Insurer shall be responsible for choosing the location of the enrolment stations within each village/urban area that is easily accessible to a maximum number of Beneficiary Family Units.
e. An enrolment schedule shall be worked out by the Insurer, in consultation with the State Government/Nodal Agency and district/block administration, for each village in the project districts.
f. It will be responsibility of State Government/Nodal Agency to ensure availability of sufficient number of Field level Government officers/ other designated functionaries who will be called Field Key Officers (FKO) to accompany the enrolment teams as per agreed schedule for verification of identified beneficiaries at the time of enrolment.
g. Insurer will organise training sessions for the enrolment teams (including the FKOs) so that they are trained in the enrolment process.
h. The Insurer shall conduct awareness campaigns and publicity of the visit of the enrolment team for enrolment of Beneficiary Family Units well in advance of the commencement of enrolment in a district. Such awareness campaigns and advance publicity shall be conducted in consultation with the State Nodal Agency and the district administration in respective villages and urban areas to

ensure the availability of maximum number of Beneficiary Family Units for enrolment on the agreed date(s).

i. List of identified beneficiary families should be posted prominently in the village/ward by the Insurer.
j. Insurer will place a banner in the local language at the enrolment station providing information about the enrolment and details of the scheme etc.
k. The enrolment team shall visit each enrolment station on the pre-scheduled dates for enrolment/renewal and/or issuance of smart card.
l. The enrolment team will collect the photograph and fingerprint data on the spot of each member of beneficiary family which is getting enrolled in the scheme.
m. At the time of enrolment/renewal, FKO shall:
    i. Identify the head of the family in the presence of the insurance representative
    ii. Authenticate them through his/her own smart card and fingerprint.
    iii. Ensure that **re-verification** process is done after card is personalized.
n. The beneficiary will re-verify the smart card by providing his/her fingerprint so as to ensure that the Smart card is in working condition
o. It is mandatory for the enrolment team to handover the activated smart card to the beneficiary at the time of enrolment itself.
p. At the time of handing over the smart card, the Insurer shall collect the registration fee of Rs.30/- from the beneficiary. **This amount shall constitute the first installment of the premium and will be adjusted against the second installment of the premium to be paid to the Insurer by the State Nodal Agency.**
q. The Insurer's representative shall also provide a booklet in the prescribed format along with Smart Card to the beneficiary indicating at least the following:
    i. Details about the RSBY benefits
    ii. Process of taking the benefits under RSBY
    iii. Start and end date of the insurance policy
    iv. List of the empanelled network hospitals along with address and contact details
    v. Location and address of district kiosk and its functions
    vi. The names and details of the key contact person/persons in the district
    vii. Toll-free number of call centre of the Insurer
    viii. Process for filing complaint in case of any grievance

r. To prevent damage to the smart card, **a good quality plastic jacket** should be provided to keep the smart card.
s. **The beneficiary shall also be informed about the date on which the card will become operational (month) and the date on which the policy will end**.
t. The beneficiaries shall be entitled for cashless treatment in designated hospitals on presentation of the Smart Card after the start of the policy period.
u. The FKO should carry the data collection form to fill in the details of people protesting against exclusion from the Beneficiary Database. This set of forms should be deposited back at the DKMA office along with the FKO card at the end of the enrolment camp.

v. The Insurer shall provide the enrolment data to the State Nodal Agency and MoHFW regularly. The Insurer shall send daily reports and periodic data to both the State Nodal Agency and MoHFW as per guidelines prescribed.

w. The biometric data (including photographs & fingerprints) shall thereafter be provided to the State Nodal Agency in the prescribed format with the invoice submitted by the Insurer to the State Nodal Agency as per the guidelines given by MoHFW.

x. The digitally signed data generated by the enrolment software shall be provided by the Insurance Company or its representative to DKM on a weekly basis.

13. CASHLESS ACCESS SERVICE

The Insurer has to ensure that all the 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 as the Services are covered under the Rashtriya Swasthya Bima Yojana. This service provided by the Insurer along with subject to responsibilities of the Insurer as detailed in this clause is collectively referred to as the **"Cashless Access Service."**

Each empanelled hospital/health service provider shall install the requisite machines and software to authenticate and validate the smart card, the beneficiary and the insurance cover. The services have to be provided to the beneficiary based on Smart card & fingerprint authentication only with the minimum of delay for pre authorization (if necessary). Reimbursement to the hospitals should be based on the electronic transaction data received from hospitals on a daily basis. The detailed process and steps for Cashless Access Service has been provided in **Appendix 11**.

14. REPUDIATION OF CLAIM

In case of any claim being found untenable, **the insurer shall communicate reasons in writing to the Designated Authority of the District/State/Nodal Agency and the Health provider for this purpose within ONE MONTH of receiving the claim electronically**. A final decision regarding rejection, even if the claim is getting investigated, shall be taken within ONE MONTH. Rejection letters needs to carry the details of the claim summary, rejection reason and details of the Grievance Committee Redressal. Such claims shall be reviewed by the Central/ State/ District Committee on monthly basis. Details of every claim which is pending beyond ONE MONTH will need to be sent to District/SNA along with the reason of delay.

15. DELIVERY OF SERVICES BY INTERMEDIARIES

The Insurer may enter into service agreement(s) with one or more intermediary institutions for the purposes of ensuring effective implementation and outreach to Beneficiaries and to facilitate usage by Beneficiaries of Benefits covered under this tender. The Insurer will compensate such intermediaries for their services at an appropriate rate.

These Intermediaries can be hired for two types of purposes which are given as follows:

15.1. Third Party Administrators, Smart Card Service Providers or Similar Agencies

The role of these agencies may include among others the following:

a. To manage and operate the Enrolment process
b. To manage and operate the empanelment and de-empanelment process
c. To manage and operate the District Kiosk
d. To provide, install and maintain the smart card related infrastructure at the public hospitals. They would also be responsible for training all empanelled hospitals on the RSBY policy as well as usage of the system.
e. To manage and operate the Toll Free Call Centre
f. To manage and operate the claim settlement process
g. Field Audit at enrolment stations and hospitals
h. Provide IEC and BCC activities, especially for enrolment.

15.2. Non-Government Organizations (NGOs) or other similar Agencies

The role of intermediaries would include among others the following:

a. Undertaking on a rolling basis campaigns in villages to increase awareness of the RSBY scheme and its key features.
b. Mobilizing BPL and other non-BPL (if applicable) households in participating districts for enrolment in the scheme and facilitating their enrolment and subsequent re-enrolment as the case may be.
c. In collaboration with government officials, ensuring that lists of participating households are publicly available and displayed.
d. Providing guidance to the beneficiary households wishing to avail of Benefits covered under the scheme and facilitating their access to such services as needed.
e. Providing publicity in their catchments areas on basic performance indicators of the scheme.
f. Providing assistance for the grievance redressal mechanism developed by the insurance company.
g. Providing any other service as may be mutually agreed between the insurer and the intermediary agency.

Note: State Nodal Agency may also enter into arrangements with Non-Government organisations for organising awareness activities and collecting feedback post-enrolment.

16. PROJECT OFFICE AND DISTRICT OFFICE

Insurer shall establish a separate Project Office at convenient place for coordination with the State Government/Nodal agency at the State Capital on a regular basis.

Excluding the support staff and people for other duties, the Insurer within its organisation will have at least the following personnel exclusively for RSBY and details of these persons will be provided to the State Nodal Agency at the time of signing of MoU between Insurer and SNA:

a. **One State Coordinator** – Responsible for implementation of the scheme in the State
b. **At least One District coordinator for each of the participating districts**– Responsible for implementation of the scheme in the district. This person should be working full time for RSBY.

In addition to these persons, Insurer will have necessary staff in their own/ representative Organization, State and District offices to perform at least following functions:

c. To operate a 24 hour **call centre** with toll free help line in local language and English for purposes of handling queries related to benefits and operations of the scheme, including information on Providers and on individual account balances.
d. **Managing District Kiosk** for post issuance modifications to smart card as explained in **Appendix 4** or providing any other services related to the scheme as defined by SNA.
e. **Management Information System** functions, which includes collecting, collating and reporting data, on a real-time basis.
f. **Generating reports,** in predefined format, at periodic intervals, as decided between Insurer, MoHFW and State Government/Nodal Agency.
g. **Information Technology related functions** which will include, among other things, collating and sharing data related to enrolment and claims settlement.
h. **Pre-Authorization function** for the interventions which are not included in the package rates as per the timelines approved by MoHFW.
i. **Paperless Claims settlement** for the hospitals with electronic clearing facility within One Month of receiving the claims from the hospitals.
j. **Publicity** for the scheme so that all the relevant information related to RSBY reaches beneficiaries, hospitals etc.
k. **Grievance Redressal Function** as explained below in the tender.
l. **Hospital Empanelment** of both public and private providers based on empanelment criteria. Along with criteria mentioned in this Tender, separate criteria may jointly be developed by State Government/ Nodal Agency and the Insurance Company.
m. **Feedback functions** which include designing feedback formats, collecting data based on those formats from different stakeholders like beneficiaries, hospitals etc., analyzing feedback data and suggest appropriate actions.
n. Coordinate with district level Offices in each selected district.
o. Coordinate with State Nodal Agency and State Government.

The Insurer shall set-up a district office in each of the project districts of the State. The district office will coordinate activities at the district level. The

district offices in the selected districts will perform the above functions at the district level.

17. MANAGEMENT INFORMATION SYSTEMS (MIS) SERVICE

The Insurer will provide real time access to the Enrolment and Hospitalisation data as received by it to the State Nodal Agency. This should be done through a web based system.

In addition to this, the Insurer shall provide Management Information System reports whereby reports regarding enrolment, health-service usage patterns, claims data, customer grievances and such other information regarding the delivery of benefits as required by the Government. The reports will be submitted by the Insurer to the Government on a regular basis as agreed between the parties in the prescribed format.

All data generated under the scheme shall be the property of the Government.

18. DISTRICT KIOSK

District kiosk is a designated office at the district level which provides post issuance services to the beneficiaries and hospitals**. The Insurer shall set-up and operate facility** of the **District Kiosk**. District Kiosk will have a data management desk for post issuance modifications to the smart cards issued to the beneficiaries as described in **Appendix 4.** The role and function of the district kiosk has been provided in **Appendix 12.**

Note:

i. All the IT hardware for district kiosk will be provided by the Insurance Company but the ownership of these will be of the State Nodal Agency.
ii. Insurer will provide trained personnel for the district kiosk for the time period they are operating in the district.
iii. At the end of their contract in the district Insurer will withdraw the personnel but the IT infrastructure and the Data therein will be used by the next Insurance Company in that district.
iv. State Nodal Agency will provide a place for district kiosk for which they will charge no rent from the Insurance Company.

19. CALL CENTER SERVICES

The Insurer shall provide **toll-free telephone services** for the guidance and benefit of the beneficiaries whereby the Insured Persons shall receive guidance about various issues by dialling a State Toll free number. This service provided by the Insurer is referred to as the "Call Centre Service".

The Insurer will tie up with other Insurance Company in the State to have a common Call Centre. The cost of establishment and running of this call centre for the entire policy period will be shared among the Insurance Companies based on the number of beneficiary families to be enrolled by each Insurance Company.

The insurance company with highest no. of districts allotted under the scheme will initiate the process and take lead throughout the policy period.

a. **Call Centre Information**

The Insurer shall operate a call centre for the benefit of all Insured Persons. The Call Centre shall function for 24 hours a day, 7 days a week and round the year. The cost of operating of the number shall be borne solely by the Insurer. As a part of the Call Centre Service the Insurer shall provide all the necessary information about RSBY to any person who calls for this purpose. The call centre shall have access to all the relevant information of RSBY in the State so that it can provide answer satisfactorily.

b. **Language**

The Insurer undertakes to provide services to the Insured Persons in English and local languages.

c. **Toll Free Number**

The Insurer will operate a state toll free number with a facility of a minimum of 5 lines and provision for answering the queries in local language.

d. **Insurer to inform Beneficiaries**

The Insurer will intimate the state toll free number to all beneficiaries along with addresses and other telephone numbers of the Insurer's Project Office.

20. PROCUREMENT, INSTALLATION AND MAINTENANCE OF SMART CARD RELATED HARDWARE AND SOFTWARE IN EMPANELLED HOSPITALS

20.1. Public Hospitals

It will be the responsibility of the Insurer to procure and install Smart card related devices in the empanelled public hospitals of the State.

The details about the hardware and software which need to be installed at the empanelled Hospitals of the State have been provided in **Appendix 13.**

The list of Public hospitals where these need to be installed have been provided in **Appendix 14**.

The Cost of Procurement, Installation and Maintenance of these devices in the public hospitals mentioned in Appendix 14 will be the responsibility of the Insurance Company.

The Ownership of these devices will be of the State Government.

The details of provisions regarding Annual Maintenance Costs are as follows:

i. The Insurer shall provide annual maintenance or enter into annual maintenance contracts for the maintenance of the IT infrastructure provided and installed at the premises of the public Empanelled Health Service Providers.

ii. If any of the hardware devices or systems or any of the software fails at the premises of a public Empanelled Health Care Provider, the Insurer shall be responsible for either repairing or replacing such hardware or software with 72 hours and in an expeditious manner after the public Empanelled Health Care Provider sends the Smart Card of the admitted Beneficiary to the District Kiosk for uploading a transaction, due to such failure.

20.2. Private Hospitals

It will be the responsibility of the empanelled private hospital to procure and install Smart card related devices in the hospital. **The cost of procurement installation and maintenance of these devices will be the responsibility of the private empanelled hospital.**

Each private Empanelled Health Care Provider shall enter into an annual maintenance contract for the maintenance of the IT infrastructure installed by it. If any of the hardware devices or systems or any of the software installed at its premises fails, then it shall be responsible for either repairing or replacing such hardware or software within 72 hours and in an expeditious manner after becoming aware of such failure or malfunctioning. The private Empanelled Health Care Provider shall bear all costs for the maintenance, repair or replacement of the IT infrastructure installed in its premises.

The responsibility of insurance company here is to assist the Hospitals in the procurement, and installation of the hardware and software on time.

Note:
In case of districts where scheme is being renewed, Insurance Company will ensure that the hospitals are not asked to spend any amount on the software or hardware due to compatibility issues. It will be the responsibility of the Insurance Company to provide the RSBY transaction software free of cost to the hospital if there is any compatibility issue.

21. GRIEVANCE REDRESSAL

There shall be following set of Grievance Committees to attend to the grievances of various stakeholders at different levels:

21.1. District Grievance Redressal Committee (DGRC)

This will be constituted by the State Nodal Agency in each district within 15 days of signing of MoU with the Insurance Company. The District Grievance Redressal Committee will comprise of at least the following members:

a. District Magistrate or an officer of the rank of Addl. District Magistrate or Chief Medical Officer: Chairman
b. District Key Manager/ District Grievance Nodal Officer: Convenor
c. Representative of the Insurance Company Member

District administration may co-opt more members for this purpose.

21.2. State Grievance Redressal Committee (SGRC)

This will be constituted by the State Nodal Agency within 15 days of signing of MoU with the Central Government. The State Grievance Redressal Committee will comprise of at least the following members:

Reconstituted SGRC:

1. State Health Secretary/Principal Secretary (Health & FW)-**Chairman**
2. Regional Director, DGHS (Directorate General Health Services) -Member
3. Labour Commissioner of the State- Member
4. State Grievance Nodal Officer for RSBY – Member Convener
5. State Representative of the Insurance Company- Member

State Govt./Nodal Agency may co-opt more members for this purpose.

21.3. National Grievance Redressal Committee (NGRC)

The National Grievance redressal Committee (NGRC) shall be proposed by the Ministry of Health and Family Welfare from time to time at the National level. The present constitution of National Grievance Redressal Committee is as under:

a. JS (RSBY), Ministry of Health & Family Welfare- Chairman.
b. Director (Vigilance)- Ministry of Health & Family Welfare- Member.
c. Representative of Ministry of Labour & Employment- Member.
d. Director – eGovernance, Ministry of Health & Family Welfare- Member.
e. Deputy Secretary (RSBY), Ministry of Health & Family Welfare- Member Convener.

If any stakeholder has a grievance against another one 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:

3. Grievance Settlement of Stakeholders

If any stakeholder has a grievance against another one 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 by the Grievance Committee:

3.1 **Grievance of a Beneficiary**

3.1.1 GRIEVANCE AGAINST INSURANCE COMPANY, HOSPITAL, THEIR REPRESENTATIVES OR ANY FUNCTIONARY

If a beneficiary has a grievance on issues relating to enrolment, hospitalization or any other RSBY related issue against Insurance Company, hospital, their representatives or any functionary, the beneficiary will approach DGRC. The DGRC shall take a decision within 30 days of receiving the complaint.

If either of the parties is not satisfied with the decision, they can appeal to the SGRC within 30 days of the decision of the DGRC. The SGRC shall take a decision on the appeal within 30 days of receiving the appeal. The decision of the SGRC on such issues will be final.

3.1.2 GRIEVANCE AGAINST DKM OR OTHER DISTRICT AUTHORITIES

If the beneficiary has a grievance against the District Key Manager (DKM) or an agency of the State Government, it can approach the SGRC for resolution. The SGRC shall take a decision on the matter within 30 days of the receipt of the grievance.

In case of dissatisfaction with the decision of the SGRC, the affected party can file an appeal before NGRC within 30 days of the decision of the SGRC. The NGRC shall take a decision on the appeal within 30 days of the receipt of appeal after seeking a report from the other party. The decision of NGRC shall be final.

3.2 **Grievance of a Health Care Provider**

3.2.1 GRIEVANCE AGAINST BENEFICIARY, INSURANCE COMPANY, THEIR REPRESENTATIVES OR ANY OTHER FUNCTIONARY

If a Health Care Provider has any grievance with respect to beneficiary, Insurance Company, their representatives or any other functionary, the Health Care Provider will approach the DGRC. The DGRC should be able to reach a decision within 30 days of receiving the complaint.

If either of the parties is not satisfied with the decision, they can go to the SGRC within 30 days of the decision of the DGRC, which shall take a decision within 30 days of receipt of appeal. The decision of the Committee shall be final.

3.3 **Grievance of Insurance Company**

3.3.1 GRIEVANCE AGAINST FKO

If an insurance company has any grievance with respect to beneficiary or Field Key Officer (FKO), it will approach the DGRC. The DGRC should take a decision within 30 days of receiving the complaint.

If either of the parties is not satisfied with the decision, they can appeal to the SGRC within 30 days of the decision of the DGRC. The SGRC shall take a decision within 30 days of receiving the appeal. The decision of the SGRC on such issues will be final.

3.3.2 GRIEVANCE AGAINST DKM OR OTHER DISTRICT AUTHORITIES

If Insurance Company has a grievance against District Key Manager or an agency of the State Government, it can approach the SGRC for resolution. The SGRC shall decide the matter within 30 days of the receipt of the grievance.

In case of dissatisfaction with the decision of the SGRC, the affected party can file an appeal before NGRC within 30 days of the decision of the SGRC and NGRC shall take a decision within thirty days of the receipt of appeal after seeking a report from the other party. The decision of NGRC shall be final.

3.4 **Grievance of any Stakeholder**

3.4.1 GRIEVANCE AGAINST STATE NODAL AGENCY/STATE GOVERNMENT

Any stakeholder aggrieved with the action or the decision of the State Nodal Agency/State Government can address his/ her grievance to the NGRC which shall take a decision on the issue within 30 days of the receipt of the grievance. An appeal against this decision within 30 days of the decision of the NGRC can be filed before Joint Secretary (in charge of RSBY), Ministry of Health and Family Welfare, Government of India who shall take a decision within 30 days of the receipt of the Appeal. The decision of DGLW shall be final.

Note:

There would be a fixed date, once a month, for addressing these grievances in their respective Committees (DGRC/SGRC/NGRC). This would enable all grievances to be heard within the set time frame of 30 days.

22. PENALTY CLAUSE AND TERMINATION

22.1. Penalties – Failure to abide with the terms will attract penalty related but not limited to the following:

- Claim Servicing
- Grievance Redressal

The guideline for the quantum and modalities of penalty has been provided below.

a. **Penatly linked to Premium Payment** – A penalty computed on the following lines will be imposed on the insurance company for under performance.

S. No	SLA's	Source of data	Monitoring method	Periodicity	Points criteria
	Enrolment Related Activities under RSBY				
1.	Average Family Size of Enrolled Family should not be less than 4.5.	Based on the enrollment data; each cluster of districts to be validated by Third Party assessment agencies through checks of randomly chosen families	Total number of insured persons divided by the total number of insured families.	Evaluation at the end of enrolment period.	If the average family size is between 4 to 4.5 – 2 points If average family size is between 3.6 to 4 – 4 points If the average family size is between 3 to 3.5 – 6 Points If the average family size is less
	Settlement of Claims				
2.	Settlement of claims within 30 days	Computed from the claim settlement data in RSBY Central Server	The ratio of claims amount which have not been paid or rejected within 30	Based on the claim made within 12 months of the	If 10% of claims remain unpaid at the end of 30 days – 4 Points If between 10% and 25% of the

			days (from the date of claims raised to the insurance company) to the total claims amount made to the insurance company.	policy period or pro-rata period of policy.	unpaid after 30 days – 8 Points If between 25% - 40% of the claims remain unpaid after 30 days – 10 Points If more than 40% of claims remain unpaid after 30 days – 12 Points
	Empanelment and De-Empanelment of Heath Care Service Providers or Hospitals				
3.	At least 2 hospitals to be empanelled in each block. Each hospital should cover a minimum of 8000 enrolled families. There shall be at least 5 hospitals in the district headquarters.	List of empanelled hospitals to be provided by the Insurance Company to SNA clearly identifying hospitals in each block. The claim regarding non availability of hospitals for enrolment to be verified by SNA	Number of blocks with less than two empanelled hospitals. Blocks where district authorities or SNA certify that two hospitals are not available for enrolment shall be excluded from assessment. The same would be followed for the district as well.	Assessed 15 days prior to the commencement of policy	Every block where less than 2 hospitals have been empanelled – 5 Points Every district where less than 5 hospitals have been empanelled – 5 Points [Will not apply if no hospitals are available for empanelment as per certificate produced]
	Other Issues Related to Enrolment				
4.	Availability of printed brochures for all beneficiaries to be enrolled.	A printed brochure with a certificate from the printer showing the number of copies	Brochures at least equal to the number of beneficiaries is printed	15 days before the commencement of	IF requisite number of brochures are not printed or shared with the SNA till the start of the

		printed is produced before SNA.	and provided to the SCSP for distribution.	enrolment	enrolment – 2 Points
	Setting up of District Kiosk by insurance company				
5.	Set up and operationalize RSBY kiosks according to the guidelines.	Report from district officers that kiosks as per Concession agreement have been set up	Kiosks as per the Concession agreement are set up and available for use by eligible beneficiaries	7 days Before commencement of enrolment	IF not set up 15 days prior to the commencement of enrolment – 5 Points.

Performance severity:

Threshold limit	Severity
6-18 points	1% of total annual premium amount for the concerned insurance company
19-24 points	3% of total annual premium amount for the concerned insurance company
25- 28 points	5% of the total annual premium amount for the concerned insurance company and cancellation of renewal
29- 32 points	8% of total annual premium and insurance company debarred from bidding for one year
False intimations on any of the above parameters	Insurance company barred from bidding for three years

b. **Penalty linked to delay in Claim Payment** – If the insurer does not settle the claim within 30 days of the claim being preferred the hospital shall be paid interest @ 1 % of claimed amount per 15 days of delay in settlement. The amount shall be paid to the hospitals in the same manner for payment of claims.

c. **Penalty on SNA for delay in Premium Payment** – If the premium is not paid to the insurance company within six months of the commencement of policy, interest of 0.5% of amount for every 15 days delay shall be paid by the SNA to the insurance company.

Penalty linked to Grievance Redressal – Ensure that all orders of the grievance redressal committee is carried out within 30 days unless stayed by the next higher level. Any failure to comply with the direction of the Grievance Redressal Committee at any level will meet with a penalty of Rs. 25,000/- per decision for the first month and 50,000/- per month thereafter during which the decision remains un-complied. The amount shall be paid by the insurance company to the SNA.

22.2. Termination Clause

In case of termination of the contract following process will be followed:

i. The Policy Cover Period of each of the Policies issued by the Insurer shall terminate on the expiry of the termination notice period, unless the State Nodal Agency has issued a written request to the Insurer before that date to continue providing Cover under the Policies issued by it. The Insurer shall, upon the written request of the State Nodal Agency, continue to provide the cover under the Policies until such time that the State Nodal Agency appoints a substitute insurer and the cover provided by the substitute insurer commences. The last date of effectiveness of the Policies shall be the **Termination Date**.

ii. The Insurer will pay back to the Nodal Agency within **one week** the unutilized amount of premium after settlement

iii. The Insurer will pay the **total package amount for all the cases for which amount has already been blocked before returning the premium**.

iv. Notwithstanding the termination of the Contract(s), **the Insurer shall continue to discharge all of its liabilities in respect of all claims** made and any amounts that have been blocked on the Smart Cards on or prior to the Termination Date.

v. Upon termination of the Contract(s) and receipt of a written request from the State Nodal Agency at least 7 days prior to the Termination Date, the Insurer shall assign its rights and obligations, other than any accrued payment obligations and liabilities, under its Services Agreements with the Empanelled Health Care Providers and its agreements with other intermediaries in favour of the State Nodal Agency or the substitute insurer appointed by the State Nodal Agency.

23. 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 State Government/Nodal Agency.

24. IEC AND BCC INTERVENTIONS

Insurance Company in consultation with State Nodal Agency will prepare and implement a communication strategy for launching/implementing the RSBY. The objective of these interventions will be to inform the beneficiaries regarding enrolment and benefits of the scheme.

Insurer need to share a draft IEC and BCC plan with the Nodal Agency within 15 days of signing of the contract. The cost of IEC and BCC activities will be borne by the Insurer.

25. CAPACITY BUILDING INTERVENTIONS

The Insurance Company shall design training/ workshop / orientation programme for Empanelled Health Care Providers, Members of the Hospital Management Societies, District Programme Managers, Doctors, Gram Panchyat members, Intermediary, Field Agents etc. and implement the same with support of Nodal Agency/ other agencies. The training packages shall be jointly developed by the Nodal Agency and the Insurance Company.

At least following training shall be implemented by the Insurance Company:

Enrollment Team Training – To be done for each enrollment team during the enrollment period

Hospital Training – At least once a year for all the empanelled hospital in each district separately for Public and Private providers

State and District Officers of the Insurance Company – At least once a year for these officers for each of the district

Insurer need to share a draft Capacity Building plan with the Nodal Agency within 15 days of signing of the contract. The cost of these Capacity Building interventions will be borne by the Insurer.

26. AUDIT MECHANISM:

26.1. Medical Audit

a. The Insurance Company shall carry out regular inspection of hospitals, periodic medical audits, to ensure proper care and counselling for the patient at network hospitals by coordinating with hospital authorities.

b. Specifically, the Insurer shall conduct a periodic medical audit of a specified sample of cases, including random verification of hospital admissions and claims. The medical audit should compulsorily be done by a qualified medical doctor who is a part of the Insurer's or the TPA's organization or who is duly authorized by the Insurer or the TPA to undertake such medical audit.

26.2. Beneficiary Audit

For Beneficiaries who have been discharged, the Insurer on a random basis must visit the Beneficiary's residence to confirm the admission and treatment taken from the Empanelled Health Care Provider along with experience with the health care provider.

The format for conducting medical audit and the composition of team shall be shared by the Insurer at the time of signing of agreement.

27. COMMITMENTS OF STATE GOVERNMENT

State Government/Nodal Agency commits to provide the following for successful implementation of the scheme:

a. Prepare identified beneficiary database in the specified format and send to Government of India for internal consistency check so that it can be uploaded on the website for the insurer to download. The State Nodal Agency will provide the verified Beneficiary data to the Insurer at least 15 days prior to the agreed date for commencement of enrolment.
b. Appoint District Key Managers (DKM) as mentioned in **Appendix 10** before signing of the agreement with the Insurer.
c. Providing DKMA Server including Smart card readers and fingerprint scanners at District Headquarter within 15 days of signing of the agreement with the Insurer. Install DKMA software for issue of FKO cards and for downloading of data subsequently from FKO cards.
d. Identify the FKOs in required numbers for enrolment. The role of the FKOs has been specified in **Appendix 10.** The State Nodal Agency shall ensure that the FKOs are trained on the enrolment process and sensitized about the importance of their presence at the time of enrolment and their availability at the time of enrolment. Further, the district level administration of the State Nodal Agency through DKM shall have the following obligations in relation to enrolment:
    i. Monitor the participation of FKOs in the enrolment process by ensuring their presence at the enrolment station.
    ii. Obtain FKO undertaking from each enrolment station.
    iii. Provide support to the Insurer in the enrolment in the form of helping them in coordinating with different stakeholders at district, block and panchayat/ municipality/ category level.
e. Providing assistance to the insurer through district administration and DKM in the preparation of Panchayat/Municipality/Corporation- wise village wise enrolment schedule and with respective owners for each category of beneficiaries.
f. Providing assistance to the insurer in empanelment of the public and private providers
g. Providing premium payment to the Insurer as per defined conditions.
h. The State Nodal Agency shall have the following obligations in relation to monitoring and control of the implementation of the RSBY
    i. Organise periodic review meetings with the Insurer to review the implementation of the RSBY.
    ii. Set up the State Server to store the enrolment and hospitalization data from all the districts meeting the minimum requirements specified at **Appendix 12**.
    iii. Work with the technical team of the Insurer to study and analyse the data for improving the implementation of the RSBY.
    iv. Conduct periodic evaluation of performance of the RSBY.
    v. Maintain data regarding issuance of FKO cards through the DKM in the specified format.
    vi. Review the performance of the Insurer through periodic review meetings. In the initial period of the implementation of the RSBY, this should be done on weekly basis.
    vii. Run the District Grievance Redressal Cell and the State Grievance Redressal Cell.
    viii. Conduct claims audits and process audits.

ix. Seek and obtain feedback from Beneficiary Family Units and other stakeholders, including designing feedback formats, collecting data based on those formats from different stakeholders like Beneficiaries, Empanelled Health Care Providers etc., analyzing feedback data and suggest appropriate actions.

i. Provide rent free space in each of the district for setting up of District Kiosk to the Insurance Company.

j. The State Nodal Agency shall ensure that its district level administrations undertake the following activities:

i. Obtain enrolment data downloaded from FKO cards to the DKMA Server and then reissue the FKO cards to new FKOs after formatting it and personalising it again.

ii. Monitor the enrolment data at DKMA server (as downloaded from FKO cards) and compare it with data provided by the Insurer to determine the Premium to be paid.

iii. Organize health camps for building awareness about RSBY and increase the hospitalization in the district.

iv. Communicate with the State Nodal Agency & MoHFW in case of any problems related to DKMA software, cards or implementation issues etc.

28. SERVICE ARRANGEMENTS BY THE INSURANCE COMPANY

In case the Insurance Company plans to outsource some of the functions necessary for the implementation of the scheme it needs to give an undertaking that it will outsource only to such agencies as fulfil the prescribed criteria.

Insurance Company shall hire only a TPA as per the criteria defined in **Appendix 16**.

Insurance Company or their representative can **ONLY hire a Smart Card Service Provider which has been accredited by Quality Council of India for RSBY.**

29. COMMITMENTS OF INSURANCE COMPANY

Among other things insurer shall provide following which are necessary for successful implementation of the scheme:

a. Enter into agreement with other insurance companies working in RSBY regarding usability of the same Smart card across India at any of the networked hospital. This will ensure that beneficiary can use his/her smart card across India to get treatment in any of the empanelled health care providers.

b. Ensuring that hospitals adhere to the points mentioned in section 7.5 regarding signage's and help desk in the hospital.

c. Send data related to enrolment, hospitalization and other aspects of the scheme to the Central and State Government at periodic intervals, the frequency of these may be decided later.
d. Sharing of inter insurance claims in prescribed format through web based interface within defined timelines. Thereafter settling of such inter insurance claims within prescribed timelines.
e. Collecting beneficiary feedbacks and sharing those with State Government/Nodal Agency.
f. In the districts where scheme is being renewed for the second year or subsequent years thereafter, it will be the responsibility of the Insurance Company, selected for the second year or subsequent years as the case may be, to ensure that the hospitals already empanelled under the scheme do not have to undertake any expenditure for the transaction software. The concerned insurance company will also ensure that the hardware installed already in the hospitals are compatible with the new/ modified transaction software, if any.
g. It will be the responsibility of the incoming insurer to ascertain the details about the existing hardware and software and undertake necessary modification s (if n ecessar y) at their (in sur er 's) own cost if the hardware is not working because of compatibility.
h. Only in the cases where the hardware is not in working condition or is reported lost, it will be the responsibility of the private hospital to arrange for the necessary hardware

30. INSURER UNDERTAKING WITH RESPECT TO PROVISION OF SERVICES

The Insurer further undertakes that it has entered into or will enter into service agreements within:

a. A period of 14 days from signature of the Agreement with State Government, with a TPA/ smart card provider, for the purposes of fulfilling various obligations of RSBY implementation as mentioned in clause 15.1 of this document.

b. A period of 21 days from the signature of the Agreement with State Government with the following:

   i. Intermediary organization(s) which would perform the functions outlined in Clause – 15.2 of this document. Detailed Guidelines regarding outsourcing the activities to the intermediary organizations will be provided by the State Government/ State Nodal Agency to the successful bidder.
   ii. Health Care Providers, for empanelment based on the approved package rates of surgical and medical procedures, as per the terms and conditions outlined in this tender.
   iii. Such other parties as the Insurer deems necessary to ensure effective outreach and delivery of health insurance under RSBY in consultation with the State Nodal Agency.

c. The Insurer will set up fully operational and staffed district kiosk and server within 15 days of signing the agreement with the State Government/Nodal Agency. State Nodal Agency will provide rent free space in the district for setting-up of district kiosk.

d. The insurer will necessarily need to complete the following activities before the start of the enrolment in the district:
   i. Empanelment of adequate number of hospitals in each district
   ii. Setting of operational District Kiosk and Server
   iii. Setting up of toll free helpline
   iv. Printing of the booklets which is to be given to the Beneficiaries with the Smart Cards
   v. Setting up of the District Server to house complete Beneficiary enrolment and transaction data for that district.
   vi. Ensuring availability of policy number for the district prior to enrolment.
   vii. Ensuring that the service providers appointed by it carry out the correct addition of insurance policy details and policy dates, i.e., start and end dates, to the district server.
   viii. Ensuring that contact details of the nodal officer of the Insurer, the nodal officer of the TPA and the nodal officer of the service provider are updated on the RSBY website.

e. The Insurer will be responsible for ensuring that the functions and standards outlined in the tender are met, whether direct implementation rests with the Insurer or one or more of its partners under service agreements. It shall be the responsibility of the Insurer to ensure that any service agreements with the organizations outlined above provide for appropriate recourse and remedies for the Insurer in the case of non- or partial performance by such other organizations.

f. Ensure Business Continuity Plan as given in Section 31.

31. BUSINESS CONTINUITY PLAN

As RSBY depends a lot on the technology and the related aspects of Smart Cards and biometric to deliver benefits to the beneficiaries under RSBY, unforeseen technology and delivery issues in its implementation may interrupt the services. It is hereby agreed that , having implemented the system, if there is an issue causing interruption in its continuous implementation, thereby causing interruption in continuous servicing, the insurers shall be required to make all efforts through alternate mechanism to ensure full service to the beneficiaries in the meantime ensuring to bring the services back to the online platform. The Insurer shall use processes defined in Business continuity plan provided by Government of India for RSBY for this purpose. In such a scenario, the insurance company shall be responsible for furnishing all data/information required by MoHFW and State Government/Nodal Agency in the prescribed format.

32. CLAIM MANAGEMENT

32.1. Payment of Claims and Claim Turnaround Time

The Insurer will observe the following discipline regarding settlement of claims received from the empanelled hospitals:

a. The Insurer will ensure that Claim of the hospital is settled and money sent to the hospital within **ONE MONTH** of receipt of claim data by the Insurance Company or their representatives.
b. In case a claim is being rejected, this information will also be sent to hospital within **ONE MONTH**. Along with the claim rejection information, Insurer will also inform the hospital that it can appeal to the District Grievance Redressal Committee if it feel so. The contact details of the District Grievance Redressal Committee will need to be provided by the Insurance Company along with each claim rejection letter.
c. In both the cases, i.e., where a claim is either being settled or being investigated, the process shall be completed within one month.
d. The counting of days in all the cases will start from the day when claims are received by the Insurance Company or its representative.

The Insurer may collect at their own cost complete claim papers from the provider, if required for audit purposes. This will not have any bearing on the claim settlement to the provider.

32.2. Right of Appeal and reopening of claims

The Empanelled Provider shall have a right of appeal to approach the Insurer if the Provider feels that the claim is payable. If provider is not agreed with the Insurers' decision in this regard, can appeal to the District and/or State Level Grievance Redressal Committee as per Section 21 of this document. This right of appeal will be mentioned by the Insurer in every repudiation advice. The Insurer and/or Government can re-open the claim if proper and relevant documents as required by the Insurer are submitted.

PART II – INSTRUCTIONS TO BIDDERS

1. ELIGIBILITY CRITERIA

1.1. Qualification Criteria

Only those insurance companies which have been pre-qualified by the RFQ process undertaken by Ministry of Labour and Employment (ref the list at http://www.rsby.gov.in) shall be eligible to submit a bid for award of the contract.

1.2. Nature of Bidder Entity

a. The Bidder may be a private or public insurance company.

b. Insurance companies that meet the Qualification Criteria individually may submit their Bids. Insurance companies shall not be entitled to form a consortium. If an insurance company does not meet the Qualification Criteria on its own merits and forms a consortium with other insurance company(ies), then the Bid submitted by such consortium shall be rejected and all the members of the consortium shall be disqualified.

1.3. Fraud and Corruption

a. The Bidder and its officers, employees, agents and advisers shall observe the highest standard of ethics during the Bidding Process. Notwithstanding anything to the contrary contained herein, the State Nodal Agency may reject a Bid without being liable in any manner whatsoever to the Bidder if it determines that the Bidder has, directly or indirectly or through an agent, engaged in corrupt practice, fraudulent practice, coercive practice, undesirable practice or restrictive practice in the Bidding Process.

b. Without prejudice to the rights of the State Nodal Agency under these Tender Documents, if a Bidder is found by the State Nodal Agency to have directly or indirectly or through an agent, engaged or indulged in any corrupt practice, fraudulent practice, coercive practice, undesirable practice or restrictive practice during the Bidding Process, such Bidder shall not be eligible to participate in any tender conducted by the State Nodal Agency for a period of 2 (two) years from the date that such Bidder is found by the State Nodal Agency to have directly or indirectly or through an agent, engaged or indulged in any corrupt practice, fraudulent practice, coercive practice, undesirable practice or restrictive practice, as the case may be.

1.4. Canvassing

If the Bidder undertakes any canvassing in any manner to influence the process of the selection of the Successful Bidder or the issuance of the NOA, such Bidder shall be disqualified.

1.5. Conflict of Interest

A Bidder shall not have a conflict of interest (a **Conflict of Interest**) that affects the Bidding Process. A Bidder that is found to have a Conflict of Interest shall be disqualified. A Bidder shall be deemed to have a Conflict of Interest affecting the Bidding Process, if:

a. such Bidder or an Affiliate of such Bidder Controls, is Controlled by or is under common Control with any other Bidder or any Affiliate thereof; provided that this disqualification shall not apply if:

   i. the person exercising Control is the GoI, a state government, other government company or entity controlled by a government, a bank, pension fund or a financial institution; or

   ii. any direct or indirect ownership interest in such other Bidder or Affiliate thereof is less than 26% (twenty six percent).

b. such Bidder or its Affiliate receives or provides any direct or indirect subsidy, grant, concessional loan, subordinated debt or other funded or non-funded financial assistance from or to any other Bidder or such other Bidder's Affiliate; or

c. such Bidder has the same legal representative for purposes of this Bidding Process as any other Bidder; or

d. such Bidder or its Affiliate has a relationship with another Bidder or such other Bidder's Affiliate, directly or through common third party or parties, that puts either or both of them in a position to have access to the others' information about, or to influence the Bid of either or each other.

1.6. Misrepresentation by the Bidder

a. The State Nodal Agency reserves the right to reject any Bid if:

   i. at any time, a material misrepresentation is made by the Bidder; or

   ii. the Bidder does not provide, within the time specified by the State Nodal Agency, the supplemental information sought by the State Nodal Agency for evaluation of the Bid.

b. If it is found during the evaluation or at any time before signing of the Contract or after its execution and during the period of subsistence thereof, the Bidder in the opinion of the State Nodal Agency has made a material misrepresentation or has given any materially incorrect or false information, the Bidder shall be disqualified forthwith, if not yet selected

as the Successful Bidder by issuance of the NOA. If the Bidder, has already been issued the NOA or it has entered into the Contract, as the case may be, the same shall, notwithstanding anything to the contrary contained therein or in these Tender Documents, be liable to be terminated, by a communication in writing by the State Nodal Agency to the Bidder, without the State Nodal Agency being liable in any manner whatsoever to the Bidder.

2. Cost of Bidding

The Bidder shall bear all costs whatsoever associated with the preparation of the Bid, carrying out its independent studies on the implementation of the DHIS and RSBY or verification of data provided by the State Nodal Agency. The State Nodal Agency shall not be responsible or liable for any costs, regardless of the outcome of the Bidding Process.

3. *Verification Of Information And Interpretation*

3.1. Verification of Information

The Bidder is expected to examine all instructions, forms, terms, specifications and other information in the Tender Documents. Failure to furnish all information required by the Tender Documents or submission of a Bid that is not substantially responsive to the Tender Documents in every respect will be at the Bidder's risk an d may result in rejection of the Bid.

3.2. Interpretation of Tender Documents

The entire Tender Documents must be read as a whole. If the Bidder finds any ambiguity or lack of clarity in the Tender Documents, the Bidder must inform the State Nodal Agency at the earliest. The State Nodal Agency will then direct the Bidders regarding the interpretation of the Tender Documents.

3.3. Acknowledgement by the Bidder

It shall be deemed that by submitting a Bid, the Bidder has:

a. made a complete and careful examination of the Tender Documents, and all other information made available by the State Nodal Agency, including Addenda, clarifications and interpretations issued by the State Nodal Agency;

b. received all relevant information requested from the State Nodal Agency;

c. accepted the risk of inadequacy of, incomplete information, error or mistake in the information provided in the Tender Documents and the information made available by or on behalf of the State Nodal Agency;

d. satisfied itself about all things, matters and information, necessary and required for submitting an informed Bid and performance of Insurer's obligations under the Contract(s) and relied on actuarial calculations for arriving at the Premium quoted by it;

e. acknowledged and agreed that inadequacy, lack of completeness or incorrectness of information provided in the Tender Documents or ignorance of any matter shall not be a basis for any claim for compensation, damages, relief for non-performance of its obligations or the obligations of the Insurer or loss of profits or revenue from the State Nodal Agency, or be a ground for termination of the Contract(s); and

f. agreed to be bound by the undertakings provided by it under and in accordance with the terms of this Tender Documents.

The State Nodal Agency shall not be liable for any omission, mistake or error in respect of any of the above or on account of any matter or thing arising out of or concerning or relating to the Tender Documents, the Data Room or the Bidding Process, including any error or mistake therein or in any information or data given by or on behalf of the State Nodal Agency.

In the event of any discrepancy, ambiguity or contraction between the terms of Volume I of the Tender Documents and Volume II of the Tender Documents, the latter shall prevail.

4. CLARIFICATIONS AND QUERIES; ADDENDA;

4.1. Clarifications and Queries

a. If the Bidder requires any clarification on the Tender Documents, it may notify the State Nodal Agency in writing, provided that all queries or clarification requests should be received on or before the date and time mentioned in the Tender Notice.

b. The State Nodal Agency will endeavour to respond to any request for clarification or modification of the Tender Documents that it receives, no later than the date specified in the Tender Notice. The responses to such queries shall be sent by email to all the bidders. The State Nodal Agency's written responses (including an explanation of the query but not identification of its source) will be made available to all Bidders who have downloaded the Tender Documents.

c. The State Nodal Agency reserves the right not to respond to any query or provide any clarification, in its sole discretion, and nothing in this Clause

shall be taken to be or read as compelling or requiring the State Nodal Agency to respond to any query or to provide any clarification.

d. The State Nodal Agency, may on its own motion, if deemed necessary, issue interpretations, clarifications and amendments to all the Bidders. All clarifications, interpretations and amendments issued by State Nodal Agency shall be issued at least 14 days prior to the Bid Due Date.

e. Verbal clarifications and information given by the State Nodal Agency, or any other person for or on its behalf shall not in any way or manner be binding on the State Nodal Agency.

4.2. Pre-Bid Meeting

a. The State Nodal Agency shall conduct one meeting with all the Bidders before the Bid Due Date (the **Pre-Bid Meeting**) to provide an understanding of the Bidding Process, the DHIS and RSBY, the terms of the Contract(s) and the services to be provided by the Insurer and to understand any queries, issues or suggestions that the Bidders may put forward.

b. The Pre-Bid Meeting will be convened on or about the date specified in the Tender Notice. The time and place of the Pre-Bid Meeting shall be notified by the State Nodal Agency to the Bidders.

c. Only those Bidders who have downloaded the Tender Documents shall be allowed to participate in the Pre-Bid Meeting. A Bidder may nominate any number of representatives to participate in a Pre-Bid Meeting, provided that the Bidder has notified the State Nodal Agency of its representatives along with its authority letter to the State Nodal Agency at least 2 (two) days in advance of the Pre-Bid Meeting.

d. In the course of the Pre-Bid Meeting, the Bidders will be free to seek clarifications and make suggestions for consideration of the State Nodal Agency. The State Nodal Agency shall endeavour to provide text of the questions raised and the responses, along with the minutes of the Pre-Bid Meeting and such further information as it may, in its sole discretion, consider appropriate for facilitating a fair, transparent and competitive Bidding Process, by the date specified in the Tender Notice. Such written responses and minutes shall be uploaded on the Data Room.

e. The oral clarifications or information provided by or on behalf of the State Nodal Agency at the Pre-Bid Meeting will not have the effect of modifying the Tender Documents in any manner, unless the State Nodal Agency issues an Addendum for the same or the State Nodal Agency issues written interpretations and clarifications in accordance with Clause 4.3.

f. Attendance of the Bidders at the Pre-Bid Meeting is not mandatory and failure to attend the Pre-Bid Meeting will not be a ground for disqualification of any Bidder.

4.3. Amendment of Tender Documents

a. Up until the date that is 7 days prior to the Bid Due Date, the State Nodal Agency may, for any reason, whether at its own initiative, or in response to a clarification requested by a Bidder in writing amend the Tender Documents by issuing an Addendum. **The Addendum shall be in writing and shall be uploaded on the relevant website.**

b. **Each Addendum shall be binding on the Bidders, whether or not the Bidders convey their acceptance of the Addendum**. It will be assumed that the information contained therein will have been taken into account by the Bidder in its Bid.

c. In order to afford the Bidders reasonable time in which to take the Addendum into account in preparing the Bid, the State Nodal Agency may, at its discretion, extend the Bid Due Date, in which case, the State Nodal Agency will notify all Bidders in writing of the extended Bid Due Date.

d. Any oral statements made by the State Nodal Agency or its advisors regarding the quality of services to be provided or arrangements on any other matter shall not be considered as amending the Tender Documents.

4.4. No Correspondence

Save as provided in these Tender Documents, the State Nodal Agency will not entertain any correspondence with the Bidders.

5. PREPARATION AND SUBMISSION OF BIDS

5.1. Language of Bid

The Bid prepared by the Bidder and all correspondence and documents related to the Bid exchanged by the Bidder and the State Nodal Agency shall be in English.

5.2. Validity of Bids

a. The Bid shall remain valid for a period of 180 days from the Bid Due Date (excluding the Bid Due Date). A Bid valid for a shorter period shall be rejected as being non-responsive.

b. In exceptional circumstances, the State Nodal Agency may request the Bidders to extend the Bid validity period prior to the expiration of the Bid validity period. The request and the responses shall be made in writing.

5.3. Premium

The Bidders are being required to quote the Premium:

a. for providing social health insurance services to all Beneficiary Family Units in **8 districts** of the State;

b. per Beneficiary Family Unit, which Premium shall be inclusive of all costs, including cost of smart card and its issuance, expenses, service charges, taxes, overheads, profits and service tax (if any) payable in respect of such Premium;

c. in the format specified at **Annexure H**; and

d. only in Indian Rupees and to two decimal places.

5.4. Formats and Submission of the Bid

The Bidder shall submit the following documents as part of its Bid:

a. The Bidder shall submit the following documents as part of its Technical Bid:
   - The Technical Bid in the format set out in **Annexure A**.
   - True certified copies of the pre-qualification granted by MoHFW/MoLE as **Annexure B**
   - List of medical or surgical procedures or interventions in addition to those set out in **Appendix 3** (if any) with Package Rates, in the format specified in **Annexure F**.
   - The undertaking by the bidder regarding agreement to all the terms and conditions of RSBY as provided in this tender as per **Annexure C**
   - The undertaking by the Bidder to use the services of only those Third Party Administrators, Smart Card Service Providers and similar agencies that fulfil the criteria specified in the Tender Documents, in the format set out in **Annexure D**.
   - The certificate from the Bidder's appointed actually stating that the premium quoted by the Bidder for RSBY has been actuarially calculated, in the format set out in **Annexure F**.

b. The bidder shall submit the following document as part of its financial bid
   - The Financial Bid in the format set out in Annexure G

Information regarding the Bidde previous experience in implementing the RSBY (if any), th

6. BID SUBMISSION

6.1. Technical Bid Submission

The Technical Bid (including all of the documents listed above) shall be duly sealed in the first envelope, which shall be super-scribed as follows:

"RASHTRIYA SWASTHYA BIMA YOJANA IN STATE OF TRIPURA: TECHNICAL BID
DO NOT OPEN BEFORE SPECIFIED TIME ON BID DUE DATE"

6.2. Financial Bid Submission

The Financial Bid will be placed in an envelope, which shall be super-scribed as follows:

"RASHTRIYA SWASTHYA BIMA YOJANA IN STATE OF TRIPURA: FINANCIAL BID
DO NOT OPEN BEFORE COMPLETION OF EVALUATION OF TECHNICAL BIDS"

Each page of the Financial Bid shall be initialled by the authorized signatory of the Bidder. The envelope containing the Financial Bid shall be duly sealed.

6.3. General Points for Bid Submission

e. The Bidder shall submit one original hard copy and one soft copy of the Technical Bid and one original hard copy of the Financial Bid.

f. The Bid shall contain no alterations, omissions or additions, unless such alterations, omissions or additions are signed by the authorized signatory of the Bidder.

g. The Bidder should attach clearly marked and referenced continuation sheets if the space provided in the prescribed forms in the Annexures is insufficient. Alternatively, the Bidder may format the prescribed forms making due provision for incorporation of the requested information, but without changing the contents of such prescribed formats.

h. Any interlineations, erasures, or overwriting will be valid only if they are signed by the authorized signatory of the Bidder.

i. The sealed envelopes containing the Technical Bid and the Financial Bid shall be placed in a sealed outer envelope that shall be super-scribed as follows:

"**RASHTRIYA SWASTHYA BIMA YOJANA IN STATE OF TRIPURA: BID**
DO NOT OPEN BEFORE BID DUE DATE"

j. Each of the sealed envelopes shall clearly indicate the name, address and contact details of the Bidder on the left hand side bottom corner. Also, each of the sealed envelopes shall clearly indicate the Bid Due Date and the date and time of submission of the Bid on the right hand side bottom corner.

k. If the envelopes are not sealed and marked as instructed above, the State Nodal Agency assumes no responsibility for the misplacement or premature opening of the contents of the Bid and consequent losses, if any, suffered by the Bidder.

l. The Bid (containing the Technical Bid and the Financial Bid in separate sealed envelopes) shall either be hand delivered or sent by registered post acknowledgement due or courier to the address below:
Office of the Director of Health Services,
Nodal Officer, R S B Y, Tripura,
Health Directorate Building, First Floor,
Pandit Nehru Complex,
Gorkhabasti,
P.O. Kunjaban, Agartala.
Email : rsbydhs@gmail.com
Phone & Fax : 0381 2315001

Note:

i. Bids submitted by fax, telex, telegram or e-mail shall not be entertained and shall be rejected.

ii. All correspondence or communications in relation to the RSBY or the Bidding Process shall be sent in writing.

6.4. Time for Submission of Bids

a. The Bid shall be submitted on or before 1600 hours on the Bid Due Date. If any Bid is received after the specified time on the Bid Due Date, it shall be rejected and shall be returned unopened to the Bidder.

b. The State Nodal Agency may, at its discretion, extend the Bid Due Date by amending the Tender Documents in accordance with Clause 4.3, in which case all rights and obligations of the State Nodal Agency and the Bidders will thereafter be subject to the Bid Due Date as extended.

6.5. Withdrawal/ Modification of Bids

a. A Bidder may modify or withdraw the Bid after submission, provided the notice of the modification or withdrawal is given to the State Nodal Agency before the Bid Due Date.

b. If the State Nodal Agency receives a modification notice from a Bidder on or before the Bid Due Date, then the modification notice shall be opened and read along with the Bid. If the State Nodal Agency receives a withdrawal notice, then the State Nodal Agency shall return the Bid to such Bidder unopened.

c. No Bid may be modified or withdrawn in the interval between the Bid Due Date and the expiry of the Bid validity period.

7. OPENING OF BIDS

a. The State Nodal Agency shall only open the Bids of those Bidders that have applied for and received the Tender Documents in accordance with the requirements of the Tender Notice. Bids submitted by persons not meeting this requirement shall be returned unopened.

b. The State Nodal Agency shall open the Bids at the time, on the date and at the place mentioned in the beginning of the Tender Document.

c. The outer envelopes of the Bids and the Technical Bids will be opened at the time mentioned in the Tender Notice.

d. The Technical Bids will then be evaluated for responsiveness and to determine whether the Bidders will qualify as Eligible Bidders. The procedure for evaluation of the Technical Bids is set out at Clause 8.1.

e. The Eligible Bidders will be informed of a date, time and place for opening of their Financial Bids.

f. The Financial Bids of only the Eligible Bidders will be considered for evaluation on the intimated date. The Financial Bids will be opened in the presence of the representatives of the Eligible Bidders that choose to be present. The procedure for evaluation of the Financial Bids is set out at Clause 6.4.

8. EVALUATION OF BIDS AND SELECTION OF SUCCESSFUL BIDDER

8.1. Technical Bid Evaluation

a. The Technical Bids will first be evaluated for responsiveness to the Tender Documents. If any Technical Bid is found: (i) not to be complete in all respects; (ii) not in the prescribed formats or (iii) to contain material alterations, conditions, deviations or omissions, then such Technical Bid will be deemed to be substantially non-responsive.

b. A substantially non-responsive Technical Bid shall be liable to be rejected, unless the State Nodal Agency elects to seek clarifications from the Bidder

or to construe information submitted by the Bidder in the manner that the State Nodal Agency deems fit.

c. The State Nodal Agency will evaluate only those Technical Bids that are found to be substantially responsive, to determine whether such Bidders are eligible and meet the Qualification Criteria, in accordance with the requirements set out at Clause 1.

d. In order to determine whether the Bidder is eligible and meets the Qualification Criteria, the State Nodal Agency will examine the documentary evidence of the Bidder's qualifications submitted by the Bidder and any additional information which the State Nodal Agency receives from the Bidder upon request by the State Nodal Agency. For evaluation of the Technical Bids, the State Nodal Agency will apply the evaluation criteria set out at Appendix 16.

8.2. Responsiveness of Financial Bids

Upon opening of the Financial Bids of the Eligible Bidders, they will first be evaluated for responsiveness to the Tender Documents. If: (i) any Financial Bid is not to be complete in all respects; or (ii) any Financial Bid is not duly signed by the authorized representative of the Bidder; or (iii) any Financial Bid is not in the prescribed formats; and (v) any Financial Bid contains material alterations, conditions, deviations or omissions, then such Financial Bid shall be deemed to be substantially non-responsive. Such Financial Bid that is deemed to be substantially non-responsive shall be rejected.

8.3. Clarifications on Bids

a. In evaluating the Technical Bids or the Financial Bids, the State Nodal Agency may seek clarifications from the Bidders regarding the information in the Bid by making a request to the Bidder. The request for clarification and the response shall be in writing. Such response(s) shall be provided by the Bidder to the State Nodal Agency within the time specified by the State Nodal Agency for this purpose.

b. If a Bidder does not provide clarifications sought by the State Nodal Agency within the prescribed time, the State Nodal Agency may elect to reject its Bid. In the event that the State Nodal Agency elects not to reject the Bid, the State Nodal Agency may proceed to evaluate the Bid by construing the particulars requiring clarification to the best of its understanding, and the Bidder shall not be allowed to subsequently question such interpretation by the State Nodal Agency.

c. No change in the Premium quoted or any change to substance of any Bid shall be sought, offered or permitted.

8.4. Selection of Successful Bidder

a. Once the Financial Bids of the Eligible Bidders have been opened and evaluated:

   i. The State Nodal Agency shall notify an Eligible Bidder whose Financial Bid is found to be substantially responsive, of the date, time and place for the ranking of the Financial Bids and selection of the Successful Bidder (the **Selection Meeting**) and invite such Eligible Bidder to be present at the Selection Meeting.

   ii. The State Nodal Agency shall notify an Eligible Bidder whose Financial Bid is found to be substantially non-responsive, that such Eligible Bidder's Financial Bid shall not be evaluated further.

b. In selecting the Successful Bidder, the objectives of the State Nodal Agency is to select a Bidder that:

   i. is an Eligible Bidder;
   ii. has submitted a substantially responsive Financial Bid; and
   iii. has quoted the lowest Premium for RSBY.

c. All the districts in Tripura will be allocated to only one successful bidder..

d. The process of selecting a single bidder to provide RSBY benefits **for all districts** will be as follows:

The bidder with the lowest premium rate (L1) for RSBY Inpatient care will be awarded the contract.

The Eligible Bidder meeting these criteria shall be the **Successful Bidder**.

9. AWARD OF CONTRACT

9.1. Notification of Award

a. Upon selecting the Successful Bidder in accordance with Clause 6.4, the State Nodal Agency shall send the proposal to MoHFW, Government of India for approval.
b. After the approval by Government of India, State Nodal Agency will issue original copy of a notification of award (the **NOA**) to such Bidder.

9.2. Structure of the Contract

a. The State Nodal Agency shall enter into contract with the Successful Bidder that will set out the terms and conditions for implementation of the scheme

b. The State Nodal Agency shall, within 14 days of the acceptance of the NOA by the Successful Bidder, provide the Successful Bidder with the final drafts of the Contract.

9.3. Execution of the Contract

The State Nodal Agency and the Successful Bidder shall execute the Contract within 21 (twenty one) days of the acceptance of the NOA by the Successful Bidder. The Contract shall be executed in the form of the final drafts provided by the State Nodal Agency.

10. RIGHTS OF STATE NODAL AGENCY

The State Nodal Agency reserves the right, in its sole discretion and without any liability to the Bidders, to:

a. accept or reject any Bid or annul the Bidding Process or reject all Bids at any time prior to the award of the Contract, without thereby incurring any liability to the affected Bidder(s);

b. accept the lowest or any Bid;

c. suspend and/or cancel the Bidding Process and/or amend and/or supplement the Bidding Process or modify the dates or other terms and conditions relating thereto;

d. consult with any Bidder in order to receive clarification or further information in relation to its Bid; and

e. independently verify, disqualify, reject and/or accept any and all submissions or other information and/or evidence submitted by or on behalf of any Bidder.

11. GENERAL

11.1. Confidentiality and Proprietary Data

a. The Tender Documents, and all other documents and information that are provided by the State Nodal Agency are and shall remain the property of the State Nodal Agency and are provided to the Bidders solely for the purpose of preparation and the submission of their Bids in accordance with the Tender Documents. The Bidders are to treat all information as strictly confidential and are not to use such information for any purpose other than for preparation and submission of their Bids.

b. The State Nodal Agency shall not be required to return any Bid or part thereof or any information provided along with the Bid to the Bidders, other than in accordance with provisions set out in these Tender Documents.

c. The Bidder shall not divulge any information relating to examination, clarification, evaluation and selection of the Successful Bidder to any person who is not officially concerned with the Bidding Process or is not a retained professional advisor advising the State Nodal Agency or such Bidder on or matters arising out of or concerning the Bidding Process.

d. Except as stated in these Tender Documents, the State Nodal Agency will treat all information, submitted as part of a Bid, in confidence and will require all those who have access to such material to treat it in confidence. The State Nodal Agency may not divulge any such information unless as contemplated under these Tender Documents or it is directed to do so by any statutory authority that has the power under law to require its disclosure or is to enforce or assert any right or privilege of the statutory authority and/or the State Nodal Agency or as may be required by law (including under the Right to Information Act, 2005) or in connection with any legal process.

11.2. Confidentiality and Proprietary Data

The Tender Documents, and all other documents and information that are provided by the State Nodal Agency are and shall remain the property of the State Nodal Agency and are provided to the Bidders solely for the purpose of preparation and the submission of their Bids in accordance with the Tender Documents. The Bidders are to treat all information as strictly confidential and are not to use such information for any purpose other than for preparation and submission of their Bids.

The State Nodal Agency shall not be required to return any Bid or part thereof or any information provided along with the Bid to the Bidders, other than in accordance with provisions set out in these Tender Documents.

The Bidder shall not divulge any information relating to examination, clarification, evaluation and selection of the Successful Bidder to any person who is not officially concerned with the Bidding Process or is not a retained professional advisor advising the State Nodal Agency or such Bidder on or matters arising out of or concerning the Bidding Process.

Except as stated in these Tender Documents, the State Nodal Agency will treat all information, submitted as part of a Bid, in confidence and will require all those who have access to such material to treat it in confidence. The State Nodal Agency may not divulge any such information unless as contemplated under these Tender Documents or it is directed to do so by any statutory authority that has the power under law to require its disclosure or is to enforce or assert any right or privilege of the statutory authority and/or the State Nodal Agency or as may be required by law (including under the Right to Information Act, 2005) or in connection with any legal process.

11.3. Governing Law and Dispute Resolution

The Bidding Process, the Tender Documents and the Bids shall be governed by, and construed in accordance with, the laws of India and the competent courts at State capital shall have exclusive jurisdiction over all disputes arising under, pursuant to and/or in connection with the Bidding Process.

ANNEXURES

ANNEXURE A – FORMAT OF TECHNICAL BID

[On the letter head of the Bidder]

From:

[insert name of Bidder]
[insert address of Bidder]

Date:

To:

_____
_____
_____
_____
_____

Dear Sir,

Sub: Technical Bid for Implementation of the RSBY in the State of Tripura

With reference to your Tender Documents dated _____, we, [*insert name of Bidder*], wish to submit our Technical Bid for the award of the Contract(s) for the implementation of the Rashtriya Swasthya Bima Yojana in the State of Tripura our details have been set out in **Annex 1** to this Letter.

We hereby submit our Technical Bid, which is unconditional and unqualified. We have examined the Tender Documents issued by the State Nodal Agency.

1. We acknowledge that the Department of Labour, Government of Tripura or any other person nominated by the Government of Tripura (the **State Nodal Agency**) will be relying on the information provided in the Technical Bid and the documents accompanying such Technical Bid for selection of the Eligible Bidders for the evaluation of Financial Bids, and we certify that all information provided in the Technical Bid is true and correct. Nothing has been omitted which renders such information misleading and all documents accompanying such Technical Bid are true copies of their respective originals.

2. We shall make available to the State Nodal Agency any clarification that it may find necessary or require to supplement or authenticate the Technical Bid.

3. We acknowledge the right of the State Nodal Agency to reject our Technical Bid or not to declare us as a Eligible Bidder, without assigning any reason or otherwise and we hereby waive, to the fullest extent permitted by applicable law, our right to challenge the same on any account whatsoever.

4. We undertake that:

   a. We satisfy the Qualification Criteria and meet all the requirements as specified in the Tender Documents.

   b. We agree and release the State Nodal Agency and their employees, agents and advisors, irrevocably, unconditionally, fully and finally from any and all liability for claims, losses, damages, costs, expenses or liabilities in any way related to or arising from the Tender Documents and/or in connection with the Bidding Process, to the fullest extent permitted by applicable law and waive any and all rights and/or claims I/we may have in this respect, whether actual or contingent, whether present or in future.

5. We represent and warrant that:

   a. We have examined and have no reservations to the Tender Documents, including all Addenda issued by the State Nodal Agency.

   b. We accept the terms of the Contract that forms Volume II of the Tender Documents and all, and shall seek no material deviations from or otherwise seek to materially negotiate the terms of the draft Main Contract or the draft Supplementary Contract, if declared as the Successful Bidder.

   c. We have been pre-qualified by Government of India to take part in the bidding process of RSBY and we hold a valid registration from IRDA as on the date of submission of this Bid. [*Note to Bidders: Please choose the correct option.*]

   d. We have not and will not undertake any canvassing in any manner to influence or to try to influence the process of selection of the Successful Bidder.

   e. The Tender Documents and all other documents and information that are provided by the State Nodal Agency to us are and shall remain the property of the State Nodal Agency and are provided to us solely for the purpose of preparation and the submission of this Bid in accordance with the Tender Documents. We undertake that we shall treat all information received from or on behalf of the State Nodal Agency as strictly confidential and we shall not use such information for any purpose other than for preparation and submission of this Bid.

   f. The State Nodal Agency is not obliged to return the Technical Bid or any part thereof or any information provided along with the Technical Bid, other than in accordance with provisions set out in the Tender Documents.

g. We have made a complete and careful examination of the Tender Documents and all other information made available by or on behalf of the State Nodal Agency.

h. We have satisfied ourselves about all things, matters and information, necessary and required for submitting an informed Bid and performance of our obligations under the Contract(s).

i. Any inadequacy, lack of completeness or incorrectness of information provided in the Tender Documents or by or on behalf of the State Nodal Agency or ignorance of any matter related thereto shall not be a basis for any claim for compensation, damages, relief for non-performance of its obligations or loss of profits or revenue from the State Nodal Agency or a ground for termination of the Contract.

j. Our Bid shall be valid for a period of 120 days from the Bid Due Date, i.e., until 31st March,*2016.*

6. We undertake that if there is any change in facts or circumstances during the Bidding Process, or if we become subject to disqualification in accordance with the terms of the Tender Documents, we shall advise the State Nodal Agency of the same immediately.

7. We are submitting with this Letter, the documents that are listed in the checklist set out as **Annex 2** to this Letter.

8. We undertake that if we are selected as the Successful Bidder we shall:

a. Sign and return an original copy of the NOA to the State Nodal Agency within 7 days of receipt of the NOA, as confirmation of our acceptance of the NOA.

b. Not seek to materially negotiate or seek any material deviations from the final drafts of the Contract provided to us by the State Nodal Agency in accordance with Clause 87.2(b) of Part II of the Tender Documents.

c. Execute the Contract with the State Nodal Agency.

9. We hereby irrevocably waive any right or remedy which we may have at any stage at law or howsoever arising to challenge the criteria for evaluation of the Technical Bid or question any decision taken by the State Nodal Agency in connection with the evaluation of the Technical Bid, declaration of the Eligible Bidders, or in connection with the Bidding Process itself, or in respect of the Contract(s) for the implementation of the RSBY in the State of Tripura.

10. We agree and undertake to abide by all the terms and conditions of the Tender Documents, including all Addenda, Annexures and Appendices.

11. This Bidding Process, the Tender Documents and the Bid shall be governed by and construed in all respects according to the laws for the time being in force in India.

12. Capitalized terms which are not defined herein will have the same meaning ascribed to them in the Tender Documents.

In witness thereof, we submit this Letter accompanying the Technical Bid under and in accordance with the terms of the Tender Documents.

Dated this [*insert date*] day of [*insert month*], 2016

[signature]

In the capacity of ____
[position]

Duly authorized to sign this Bid for and on behalf of _____
[name of Bidder]

ANNEX 1 - DETAILS OF THE BIDDER

1. Details of the Company

    a. Name:

    b. Address of the corporate headquarters and its branch office head in the State, if any:

    c. Date of incorporation and/or commencement of business:

2. Details of individual(s) who will serve as the point of contact/communication for the State Nodal Agency:

    a. Name:

    b. Designation:

    c. Company:

    d. Address:

    e. Telephone Number:

    f. E-mail Address:

    g. Fax Number:

3. Particulars of the Authorised Signatory of the Bidder:

    a. Name:

    b. Designation:

    c. Company:

    d. Address:

    e. Telephone Number:

    f. E-mail Address:

    g. Fax Number:

ANNEX 2 – CHECK LIST OF DOCUMENTS SUBMITTED WITH THE TECHNICAL BID

Sl. No.	Document	Document Submitted (Yes/No)
1.	Technical Bid as Annexure A	
2.	Copies of pre-qualification granted by the Government of India for participating in RSBY bidding process as Annexure B	
3.	Undertaking expressing explicit agreement to the terms of the RSBY as Annexure C	
4.	Undertaking to use only Third Party Administrators, Smart Card Service Providers and similar agencies that fulfil the criteria specified in the Tender Documents as Annexure D	
5.	List of medical or surgical procedures or interventions in addition to those set out in the Tender Documents with Package Rates (if any) as Annexure E	
6.	Actuarial Certificate Annexure F	

[Note to Bidders: Bidders are requested to fill in the last column at the time of submission of their Bid.]

ANNEXURE C – FORMAT OF UNDERTAKING REGARDING COMPLIANCE WITH TERMS OF SCHEME

[On letterhead of the Bidder]

From
[Name of Bidder]
[Address of Bidder]

Date: [insert date], 2016

To
_____
_____
_____
_____
_____

Dear Sir,

Sub: Undertaking Regarding Compliance with Terms of Scheme

I, [insert name] designated as [insert title] at [insert location] of [insert name of Bidder] and being the authorized signatory of the Bidder, do hereby declare and undertake that we have read the Tender Documents for award of Contract(s) for the implementation of the Rashtriya Swasthya Bima Yojana.

We hereby undertake and explicitly agree that if we are selected as the Successful Bidder, we shall adhere to and comply with the terms of the Scheme as set out in the Tender Documents and the Contract(s).

Dated this ___ day of _____, 2016

_____

[signature]

In the capacity of ___
[position]

Duly authorized to sign this Bid for and on behalf of ____
[name of Bidder]

ANNEXURE D – UNDERTAKING REGARDING USE OF THIRD PARTY ADMINISTRATORS, SMART CARD SERVICE PROVIDERS AND SIMILAR AGENCIES

[On letterhead of the Bidder]

From

[Name of Bidder]
[Address of Bidder]

Date: [insert date], 2016

To

_____
_____
_____
_____
_____

Dear Sir,

Sub: Undertaking Regarding Appointment of Third Party Administrators, Smart Card Service Providers and Similar Agencies

I, [insert name] designated as [insert title] at [insert location] of [insert name of Bidder] and being the authorized signatory of the Bidder, do hereby declare and undertake that we have read the Tender Documents for award of Contract(s) for the implementation of the Rashtriya Swasthya Bima Yojana.

We hereby undertake and explicitly agree that if we are selected as the Successful Bidder, we shall only appoint those Third Party Administrators, Smart Card Service Providers and similar agencies that meet the criteria specified in the Tender Documents for appointment of Third Party Administrators, Smart Card Service Providers and similar agencies.

Dated this ___day of _____, 2016

_____

[signature]

In the capacity of ___
[position]

Duly authorized to sign this Bid for and on behalf of _____
[name of Bidder]

ANNEXURE E – FORMAT FOR PROVIDING LIST OF ADDITIONAL PACKAGES AND PACKAGE RATES.

Serial No.	Category	LOS	Final Rate

ANNEXURE F – FORMAT OF ACTUARIAL CERTIFICATE

[On letterhead of the Bidder's Appointed Actuary]

From
[Name of Actuary]
[Address of Actuary]

Date: [insert date], 2016

To
_____
_____
_____
_____

Dear Sir,

Sub: Actuarial Certificate in respect of Premium quoted by [insert name of Bidder] in its Financial Bid dated [insert date]

I/ We, [insert name of actuary], are/ am a/ an registered actuary under the laws of India and are/ is licensed to provide actuarial services.

[insert name of Bidder] (the Bidder) is an insurance company engaged in the business of providing general insurance (including health insurance) services in India and we have been appointed by the Bidder as its actuary.

I/ We understand that the Bidder will submit its Bid for the implementation of the Rashtriya Swasthya Bima Yojana (the Scheme) in the State of ( ).

I, [insert name]designated as [insert title]at [ ] of [insert name of actuary] do hereby certify that:

a. We have read the Tender Documents for award of Contract(s) for the implementation of the Scheme.

b. The rates, terms and conditions of the Tender Documents and the Premium being quoted by the Bidder for RSBY are determined on a technically sound basis, are financially viable and sustainable on the basis of information and claims experience available in the records of the Bidder.

c. Following assumptions have been taken into account while calculating the price for this product:

   i. Claim Ratio – ___%
   ii. Administrative Cost – ___
   iii. Cost of Smart Card and its issuance
   iv. Profit - ___%

Dated this ____day of _____, 2016

At [insert place]

_____
[signature]

In the capacity of ___
[position]

ANNEXURE G – FORMAT OF FINANCIAL BID

[On letterhead of the Bidder]

From
[insert name of Bidder]
[insert address of Bidder]

Date: [insert date], 2016

To
_____
_____
_____
_____
_____

Dear Sir,

Sub: Financial Bid for Implementation of the RSBY in the State of Tripura.

With reference to your Tender Documents dated (Insert Date) we, [insert name of Bidder], wish to submit our Financial Bid for the award of the Contract(s) for the implementation of the Rashtriya Swasthya Bima Yojana in the State of ( ). Our details have been set out in our Technical Bid.

1. We hereby submit our Financial Bid, which is unconditional and unqualified. We have examined the Tender Documents, including all the Addenda.

2. We acknowledge that the State Nodal Agency will be relying on the information provided in the Financial Bid for evaluation and comparison of Financial Bids received from the Eligible Bidders and for the selection of the Successful Bidder for the award of the Contract for the implementation of the RSBY in the State of ( ). We certify that all information provided in the Financial Bid is true and correct. Nothing has been omitted which renders such information misleading and all documents accompanying our Financial Bid are true copies of their respective originals.

3. We shall make available to the State Nodal Agency any clarification it may find necessary or require to supplement or authenticate the Financial Bid.

4. We acknowledge the right of the State Nodal Agency to reject our Financial Bid or not to select us as the Successful Bidder, without assigning any reason or otherwise and we hereby waive, to the fullest extent permitted by applicable law, our right to challenge the same on any account whatsoever.

5. We acknowledge and confirm that all the undertakings and declarations made by us in our Technical Bid are true, correct and accurate as on the date of opening of our

Financial Bid and shall continue to be true, correct and accurate for the entire validity period of our Bid.

6. We acknowledge and declare that the State Nodal Agency is not obliged to return the Financial Bid or any part thereof or any information provided along with the Financial Bid, other than in accordance with the provisions set out in the Tender Documents.

7. We undertake that if there is any change in facts or circumstances during the Bidding Process which may render us liable to disqualification in accordance with the terms of the Tender Documents, we shall advise the State Nodal Agency of the same immediately.

8. We are quoting the following Premium per enrolled Beneficiary Family Unit:

Cover	Premium (in ₹)
₹ 30,000 cover per Beneficiary Family Unit to meet hospitalization expenses on a family floater basis)	[insert sum] (Rupees [insert sum in words] only)

[Note to Bidders: The Bidders are required to quote the Premium up to two decimal points.]

9. We acknowledge, confirm and undertake that:

   a. The Premium quoted by us, is inclusive of all costs, expenses, service charges, taxes (including the costs of the issuance of the Smart Cards).

   b. The terms and conditions of the Tender Documents and the Premium being quoted by us for the implementation of the Scheme are determined on a technically sound basis, are financially viable and sustainable on the basis of information and claims experience available in our records.

10. We hereby irrevocably waive any right or remedy which I/we may have at any stage at law or howsoever arising to challenge the criteria for evaluation of the Financial Bid or question any decision taken by the State Nodal Agency in connection with the evaluation of the Financial Bid, declaration of the Successful Bidder, or in connection with the Bidding Process itself, in respect of the Contract and the terms and implementation thereof.

11. We agree and undertake to abide by all the terms and conditions of the Tender Documents, including all Addenda, Annexures and Appendices.

12. We have studied the Tender Documents (including all the Addenda, Annexures and Appendices) and all the information made available by or on behalf of the State Nodal Agency carefully. We understand that except to the extent as expressly set forth in the Contract, we shall have no claim, right or title arising out of any documents or information provided to us by the State Nodal Agency or in respect of any matter arising out of or concerning or relating to the Bidding Process.

13. We agree and understand that the Bid is subject to the provisions of the Tender Documents. In no case, shall we have any claim or right against the State Nodal Agency if the Contract are not awarded to us or our Financial Bid is not opened or found to be substantially non-responsive.

14. This Bid shall be governed by and construed in all respects according to the laws for the time being in force in India. The competent courts at Agartala will have exclusive jurisdiction in the matter.

15. Capitalized terms which are not defined herein will have the same meaning ascribed to them in the Tender Documents.

In witness thereof, we submit this Financial Bid under and in accordance with the terms of the Tender Documents.

Dated this [*insert*] day of [*insert month*], 2016

_____

[*signature*]

In the capacity of ___
[*position*]

Duly authorized to sign this Bid for and on behalf of ____
[*name of Bidder*]

Appendix 1 – Exclusions to the RSBY Policy

EXCLUSIONS: (IPD & DAY CARE PROCEDURES)

The Company shall not be liable to make any payment under this policy in respect of any expenses whatsoever incurred by any Insured Person in connection with or in respect of:

1. **Conditions that do not require hospitalization:** Condition that do not require hospitalization and can be treated under Out Patient Care. Out patient Diagnostic, Medical and Surgical procedures or treatments unless necessary for treatment of a disease covered under day care procedures will not be covered.

2. Further expenses incurred at Hospital or Nursing Home primarily for evaluation / diagnostic purposes only during the hospitalized period and expenses on vitamins and tonics etc unless forming part of treatment for injury or disease as certified by the attending physician.

3. Any dental treatment or surgery which is corrective, cosmetic or of aesthetic procedure, filling of cavity, root canal including wear and tear etc. unless arising from disease or injury and which requires hospitalisation for treatment.

4. **Congenital external diseases:** Congenital external diseases or defects or anomalies(Except as given in Appendix 3), Convalescence, general debility, "run down" condition or rest cure.

5. **Drug and Alcohol Induced illness:** Diseases / accident due to and or use, misuse or abuse of drugs / alcohol or use of intoxicating substances or such abuse or addiction etc.

6. **Fertility related procedures:** Any fertility, sub-fertility or assisted conception procedure. Hormone replacement therapy, Sex change or treatment which results from or is in any way related to sex change.

7. **Vaccination:** 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. Circumcision (unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due to any accident),

8. **War, Nuclear invasion:** Injury or disease directly or indirectly caused by or arising from or attributable to War, Invasion, Act of Foreign Enemy, War like operations (whether war be declared or not) or by nuclear weapons / materials.

9. **Suicide:** Intentional self-injury/suicide

EXCLUSIONS UNDER MATERNITY BENEFIT CLAUSE:

The Company shall not be liable to make any payment under this policy in respect of any expenses whatsoever incurred by any Insured Person in connection with or in respect

of:

a. Expenses incurred in connection with voluntary medical termination of pregnancy are not covered except induced by accident or other medical emergency to save the life of mother.

b. Normal hospitalisation period is less than 48 hours from the time of delivery operations associated therewith for this benefit.

Pre-natal expenses under this benefit; however treatment in respect of any complications requiring hospitalization prior to delivery can be taken care under medical procedures.

Appendix 2 – List of Day Care Procedures

The Insurance Company shall provide coverage for the following day care treatments/ procedures:

i. Haemo-Dialysis
ii. Parenteral Chemotherapy
iii. Radiotherapy
iv. Eye Surgery
v. Lithotripsy (kidney stone removal)
vi. Tonsillectomy
vii. D&C
viii. Dental surgery following an accident
ix. Surgery of Hydrocele
x. Surgery of Prostrate
xi. Gastrointestinal Surgeries
xii. Genital Surgery
xiii. Surgery of Nose
xiv. Surgery of Throat
xv. Surgery of Ear
xvi. Surgery of Urinary System
xvii. Treatment of fractures/dislocation (excluding hair line fracture), Contracture releases and minor reconstructive procedures of limbs which otherwise require hospitalisation
xviii. Laparoscopic therapeutic surgeries that can be done in day care
xix. Identified surgeries under General Anesthesia.
xx. Psychiatric & Pschosomatic illness
xxi. Any disease/procedure mutually agreed upon.
xxii. **Screening and Follow up Care Including medicine cost but without Diagnostic Tests**
xxiii. **Screening and Follow up Care Including medicine cost but with Diagnostic Tests**

Appendix 3– Provisional/Suggested List for Medical and Surgical Interventions / Procedures In General Ward

These package rates will include bed charges (General ward), Nursing and boarding charges, Surgeons, Anesthetists, Medical Practitioner, Consultants fees, Anesthesia, Blood transfusion, Oxygen, O.T. Charges, Cost of Surgical Appliances, Medicines and Drugs, Cost of Prosthetic Devices, implants, X-Ray and Diagnostic Tests, Food to patient etc. Expenses incurred for diagnostic test and medicines upto 1 day before the admission of the patient and cost of diagnostic test and medicine upto 5 days of the discharge from the hospital for the same ailment / surgery including Transport Expenses will also be the part of package. The package should cover the entire cost of treatment of the patient from date of reporting (1 day Pre hospitalisation) to his discharge from hospital and 5 days after discharge, Transport Expenses and any complication while in hospital, making the transaction truly cashless to the patient.

Medical (Non surgical) hospitalisation procedures means Bacterial meningitis, Bronchitis- Bacterial/Viral, Chicken pox, Dengue fever, Diphtheria, Dysentery, Epilepsy, Filariasis, Food poisoning, Hepatitis, Malaria, Measles, Meningitis, Plague, Pneumonia, Septicemia, Tuberculosis (Extra pulmonary, pulmonary etc), Tetanus, Typhoid, Psychiatric & Pschosomatic illness, Viral fever, Urinary tract infection, Lower respiratory tract infection and other such procedures requiring hospitalisation etc.

(i). NON SURGICAL(Medical) TREATMENT IN GENERAL WARD	
The package should cover the entire cost of treatment of the patient from date of reporting (1 day Pre hospitalisation) to his discharge from hospital and 5 days after discharge, Transport Expenses of Rs. 100 and any complication while in hospital. Details of what all is included is give in Section 5.2 of Tender document.	**Rs. 500 / Per Day.**
(ii) IF ADMITTED IN ICU:	
The package should cover the entire cost of treatment of the patient from date of reporting (1 day Pre hospitalisation) to his discharge from hospital and 5 days after discharge, Transport Expenses of Rs. 100 and any complication while in hospital during stay in I.C.U. Details of what all is included is give in Section 5.2 of Tender document.	**Rs. 1000 /- Per Day**
(iii) SURGICAL PROCEDURES IN GENERAL WARD (NOT SPECIFIEDIN PACKAGE):	
The include the entire cost of treatment of the patient from date of reporting (1 day Pre hospitalisation) to his discharge from hospital and 5 days after discharge, Transport Expenses of Rs. 100 and any complication while in hospital. Details of what all is included is give in Section 5.2 of Tender document.	**To be negotiated with Insurer before carrying out the procedure**
(iv) SURGICAL PROCEDURES IN GENERAL WARD	
The package should cover the entire cost of treatment of the patient from date of reporting (1 day Pre hospitalisation) to his discharge from hospital and 5 days after discharge, Transport Expenses of Rs. 100 and any complication while in hospital. Details of what all is included is give in Section 5.2 of Tender document.	**Please refer Package Rates in the following table**

Serial No.	Code No.	ICD 10 Code	RSBY Category	RSBY LOS	RSBY Rate without Service Tax
	1	**DENTAL**			
1	FP00100001	K05	Fistulectomy	1	10,000
2	FP00100002	S02	Fixation of fracture of jaw	2	10,000
3	FP00100003	K10	Sequestrectomy	1	10,000
4	FP00100004	D16	Tumour excision	2	7,500
5	FP00100005		Apisectomy including LA	D	500
6	FP00100006		Complicated Ext. per Tooth including LA	D	200
7	FP00100007		Cyst under LA (Large)	D	300
8	FP00100008		Cyst under LA (Small)	D	250
9	FP00100009		Extraction of tooth including LA	D	100
10	FP00100010		Flap operation per Tooth	D	250
11	FP00100011		Fracture wiring including LA	D	6,000
12	FP00100012		Gingivectomy per Tooth	D	200
13	FP00100013		Impacted Molar including LA	D	500
14	FP00100014		Intra oral X-ray	D	100
	2	**EAR**			
15	FP00200001	H74	Aural polypectomy	1	10,000
16	FP00200002	H81	Decompression sac	2	13,500
17	FP00200003	H80	Fenestration	2	7,000
18	FP00200004	H81	Labyrinthectomy	2	10,500
19	FP00200005	H 65	Mastoidectomy	2	6,000
20	FP00200006	H70	Mastoidectomy corticol module radical	3	14,500
21	FP00200007	H 65	Mastoidectomy With Myringoplasty	2	9,000
22	FP00200008	H 65	Mastoidectomy with tympanoplasty	2	14,000
23	FP00200009	H72	Myringoplasty	2	6,000
24	FP00200010	H72	Myringoplasty with Ossiculoplasty	2	12,500
25	FP00200011	H72	Myringotomy - Bilateral	2	6,500
26	FP00200012	H72	Myringotomy - Unilateral	2	4,000
27	FP00200013	H72	Myringotomy with Grommet - One ear	2	5,000
28	FP00200014	H72	Myrinogotomy with Grommet - Both ear	2	9,000
29	FP00200015	H74	Ossiculoplasty	2	7,500
30	FP00200016	C44	Partial amputation - Pinna	1	2,500
31	FP00200017	Q17	Preauricular sinus	2	6,000
32	FP00200018	H80	Stapedectomy	2	8,125
33	FP00200019	H72	Tympanoplasty	5	7,000
34	FP00200020	J30	Vidian neurectomy - Micro	3	11,000
35	FP00200021		Ear lobe repair - single	D	500
36	FP00200022		Excision of Pinna for Growth (Squamous/Basal/ Injuries) Skin and Cartilage	D	3,000

37	FP00200023		Excision of Pinna for Growth (Squamous/Basal/ Injuries) Skin Only	D	2,000
38	FP00200024		Facial nerve decompression	2	8,000
39	FP00200025		Pharyngectomy and reconstruction	2	12,000
40	FP00200026		Skull base surgery	3	14,000
41	FP00200027		Total Amputation & Excision of External Auditory Meatus	2	6,000
42	FP00200028		Total amputation of Pinna	2	3,000
43	FP00200029		Tympanotomy	2	3,000
	3	**NOSE**			
44	FP00300001	R04	Ant. Ethmoidal artery ligation	3	18,000
45	FP00300002	J32	Antrostomy – Bilateral	3	6,000
46	FP00300003	J32	Antrostomy – Unilateral	3	4,000
47	FP00300004	J32	Caldwell - luc – Bilateral	2	7,500
48	FP00300005	J32	Caldwell - luc- Unilateral	2	4,500
49	FP00300006	C30	Cryosurgery	2	7,000
50	FP00300007	J00	Rhinorrhoea - Repair	1	12,000
51	FP00300008	H04	Dacryocystorhinostomy (DCR)	1	9,000
52	FP00300009	J32	Septoplasty + FESS	2	5,500
53	FP00300010	J32	Ethmoidectomy - External	2	9,000
54	FP00300011	S02	Fracture reduction nose with septal correction	1	6,500
55	FP00300012	S02	Fracture - setting maxilla	2	8,500
56	FP00300013	S02	Fracture - setting nasal bone	1	4,000
57	FP00300014	J01	Functional Endoscopic Sinus (FESS)	1	9,000
58	FP00300015	J01	Intra Nasal Ethmoidectomy	2	12,250
59	FP00300016	D14	Rhinotomy - Lateral	2	10,625
60	FP00300017	J33	Nasal polypectomy - Bilateral	1	7,500
61	FP00300018	J33	Nasal polypectomy - Unilateral	1	5,250
62	FP00300019	J34	Turbinectomy Partial - Bilateral	3	7,000
63	FP00300020	J34	Turbinectomy Partial - Unilateral	3	4,500
64	FP00300021	C31	Radical fronto ethmo sphenodectomy	5	15,000
65	FP00300022	J34	Rhinoplasty	3	12,000
66	FP00300023	J34	Septoplasty	2	5,500
67	FP00300024	J33	Sinus Antroscopy	1	4,500
68	FP00300025	J34	Submucos resection	1	5,000
69	FP00300026	J01	Trans Antral Ethmoidectomy	2	10,500
70	FP00300027	J31	Youngs operation	2	11,000
71	FP00300028		Angiofibrom Exision	3	12,000
72	FP00300029		cranio-facial resection	2	11,500
73	FP00300030		Endoscopic DCR	1	5,500
74	FP00300031		Endoscopic Hypophysectomy	2	16,000
75	FP00300032		Endoscopic sugery	1	6,150

76	FP00300033		Intranasal Diathermy	1	1,750
77	FP00300034		Lateral Rhinotomy	1	1,100
78	FP00300035		Rhinosporosis	5	12,500
79	FP00300036		Septo-rhinoplasty	2	6,500
	4	**THROAT**			
80	FP00400001	J35	Adeno Tonsillectomy	1	6,000
81	FP00400002	J35	Adenoidectomy	1	4,000
82	FP00400003	C32	Arytenoidectomy	2	15,000
83	FP00400004	Q30	Choanal atresia	2	10,000
84	FP00400005	J03	Tonsillectomy + Myrinogotomy	3	10,000
85	FP00400006	Q38	Pharyngeal diverticulum's – Excision	2	12,000
86	FP00400007	C32	Laryngectomy	2	15,750
87	FP00400008	C41	Maxilla – Excision	2	10,000
88	FP00400009	K03	Oro Antral fistula	2	10,000
89	FP00400010	J39	Parapharyngeal - Exploration	2	10,000
90	FP00400011	J39	Parapharyngeal Abscess - Drainage	2	15,000
91	FP00400012	D10	Parapharyngeal -Tumour excision	3	20,000
92	FP00400013	Q38	Pharyngoplasty	2	12,000
93	FP00400014	Q38	Release of Tongue tie	1	3,000
94	FP00400015	J39	Retro pharyngeal abscess - Drainage	D	4,000
95	FP00400016	D11	Styloidectomy - Both side	3	10,000
96	FP00400017	D11	Styloidectomy - One side	3	8,000
97	FP00400018	J03	Tonsillectomy + Styloidectomy	2	12,500
98	FP00400019	Q89	Thyroglossal Cyst - Excision	2	10,000
99	FP00400020	Q89	Thyroglossal Fistula - Excision	3	10,000
100	FP00400021	J03	Tonsillectomy - Bilateral	1	7,000
101	FP00400022	J03	Tonsillectomy - Unilateral	1	5,500
102	FP00400023	C07	Total Parotidectomy	2	15,000
103	FP00400024	C05	Uvulophanyngo Plasty	2	10,000
104	FP00400025		Abbe Operation	2	6,000
105	FP00400026		Cleft palate repair	2	10,000
106	FP00400027		Commondo Operation	5	14,000
107	FP00400028		Estlander Operation	5	5,500
108	FP00400029		Excision of Branchial Cyst	5	7,000
109	FP00400030		Excision of Branchial Sinus	5	5,500
110	FP00400031		Excision of Cystic Hygroma Extensive	5	7,500
111	FP00400032		Excision of Cystic Hygroma Major	5	4,500
112	FP00400033		Excision of Cystic Hygroma Minor	3	3,000
113	FP00400034		Excision of the Mandible Segmental	5	3,000
114	FP00400035		Excision of the Maxilla	5	12,000
115	FP00400036		Hemiglossectomy	5	4,500
116	FP00400037		Hemimandibulectomy	5	11,000

117	FP00400038		Palatopharyngoplasty	2	14,000
118	FP00400039		Parotidectomy - Conservative	5	7,000
119	FP00400040		Parotidectomy - Radical Total	5	15,000
120	FP00400041		Parotidectomy - Superficial	5	9,500
121	FP00400042		Partial Glossectomy	5	3,500
122	FP00400043		Ranula excision	3	4,000
123	FP00400044		Removal of Submandibular Salivary gland	5	5,500
124	FP00400045		Repair of Parotid Duct	5	7,500
125	FP00400046		Total Glossectomy	5	14,000
	5	**GENERAL SURGERY**			
126	FP00500001	C20	Abdomino Perineal Resection	3	17,500
127	FP00500002	M70	Adventious Burse - Excision	3	14,000
128	FP00500003	C20	Anterior Resection for CA	5	10,000
129	FP00500004	K35	Appendicectomy	2	6,000
130	FP00500005	K35	Appendicular Abscess - Drainage	2	7,000
131	FP00500006	D18	Arteriovenous (AV) Malformation of Soft Tissue Tumour - Excision	3	14,000
132	FP00500007		Axillary Lymphnode - Excision	1	3,125
133	FP00500008	M71	Bakers Cyst - Excision	3	5,000
134	FP00500009	D36	Bilateral Inguinal block dissection	3	13,000
135	FP00500010	K25	Bleeding Ulcer - Gastrectomy & vagotomy	5	17,000
136	FP00500011	K25	Bleeding Ulcer - Partial gastrectomy	5	15,000
137	FP00500012	C77	Block dissection Cervical Nodes	3	13,000
138	FP00500013	Q18	Branchial Fistula	3	13,000
139	FP00500014	C50	Breast – Excision	3	12,250
140	FP00500015	D25	Breast Lump – Left - Excision	2	5,000
141	FP00500016	D25	Breast Lump - Right - Excision	2	5,000
142	FP00500017	D25	Breast Mass - Excision	2	6,250
143	FP00500018	J98	Bronchial Cyst	3	5,000
144	FP00500019	M06	Bursa - Excision	3	7,000
145	FP00500020		Bypass - Inoprablaca of Pancreas	5	13,000
146	FP00500021	K56	Caecopexy	3	13,000
147	FP00500022	L02	Carbuncle back	1	3,500
148	FP00500023	B44	Cavernostomy	5	13,000
149	FP00500024	C96	Cervial Lymphnodes - Excision	2	2,500
150	FP00500025	K83	Cholecysostomy	5	10,000
151	FP00500026	K80	Cholecystectomy & exploration	3	13,250
152	FP00500027	C67	Colocystoplasty	5	15,000
153	FP00500028	K57	Colostomy	5	12,500
154	FP00500029	C14	Commando Operation	5	15,000
155	FP00500030	L84	Corn - Large - Excision	D	500
156	FP00500031	N49	Cyst over Scrotum - Excision	1	4,000

157	FP00500032	Q61	Cystic Mass - Excision	1	2,000
158	FP00500033	L72	Dermoid Cyst - Large - Excision	D	2,500
159	FP00500034	L72	Dermoid Cyst - Small - Excision	D	1,500
160	FP00500035	K86	Distal Pancrcatectomy with Pancreatico Jejunostomy	7	17,000
161	FP00500036	K57	Diverticulectomy	3	15,000
162	FP00500037	N47	Dorsal Slit and Reduction of Paraphimosis	D	1,500
163	FP00500038	K61	Drainage of Ischio Rectal Abscess	1	4,000
164	FP00500039		Drainage of large Abscess	D	2,000
165	FP00500040	K92	Drainage of Peripherally Gastric Abscess	3	8,000
166	FP00500041	L02	Drainage of Psoas Abscess	2	3,750
167	FP00500042	K92	Drainage of Subdiaphramatic Abscess	3	8,000
168	FP00500043	I31	Drainage Pericardial Effusion	7	11,000
169	FP00500044	K57	Duodenal Diverticulum	5	15,000
170	FP00500045	K31	Duodenal Jejunostomy	5	15,000
171	FP00500046	D13	Duodenectomy	7	20,000
172	FP00500047		Dupcrytren's (duputryen's contracture ?]	7	13,000
173	FP00500048	Q43	Duplication of Intestine	8	17,000
174	FP00500049	N43	Hydrocelectomy + Orchidectomy	2	7,000
175	FP00500050	N45	Epidedectomy	3	8,000
176	FP00500051	N45	Epididymal Swelling -Excision	2	5,500
177	FP00500052	N50	Epidymal Cyst	D	3,000
178	FP00500053	N50	Evacuation of Scrotal Hematoma	2	5,000
179	FP00500054	D13	Excision Benign Tumor -Small intestine	5	15,000
180	FP00500055	A15	Excision Bronchial Sinus	D	8,000
181	FP00500056	K75	Excision of liver Abscess	3	13,000
182	FP00500057	N43	Excision Filarial Scrotum	3	8,750
183	FP00500058	N61	Excision Mammary Fistula	2	5,500
184	FP00500059	Q43	Excision Meckel's Diverticulum	3	15,000
185	FP00500060	L05	Excision Pilonidal Sinus	2	8,250
186	FP00500061	K31	Excision Small Intestinal Fistulla	5	14,000
187	FP00500062	K11	Excision Submandibular Gland	5	10,000
188	FP00500063	C01	Excision of Large Growth from Tongue	3	5,000
189	FP00500064	C01	Excision of Small Growth from Tongue	D	1,500
190	FP00500065	L02	Excision of Swelling in Right Cervial Region	1	4,000
191	FP00500066	L02	Excision of Large Swelling in Hand	D	2,500
192	FP00500067	L02	Excision of Small Swelling in Hand	D	1,500
193	FP00500068	D33	Excision of Neurofibroma	3	7,000
194	FP00500069	L05	Exicision of Siniuds and Curetage	2	7,000
195	FP00500070	G51	Facial Decompression	5	15,000
196	FP00500071		Fibro Lipoma of Right Sided Spermatic with Lord Excision	1	2,500
197	FP00500072	D24	Fibroadenoma - Bilateral	2	6,250
198	FP00500073	D24	Fibrodenoma - Unilateral	2	7,000

199	FP00500074		Fibroma – Excision	2	7,000
200	FP00500075	K60	Fissurectomy	2	7,000
201	FP00500076	I84	Fissurectomy and Haemorrhoidectomy	2	11,250
202	FP00500077	K60	Fissurectomy with Eversion of Sac - Bilateral	2	8,750
203	FP00500078	K60	Fissurectomy with Sphincterotomy	2	9,000
204	FP00500079	K60	Fistula Repair	2	5,000
205	FP00500080	K60	Fistulectomy	2	7,500
206	FP00500081		Foreign Body Removal in Deep Region	2	5,000
207	FP00500082		Fulguration	2	5,000
208	FP00500083	K21	Fundoplication	3	15,750
209	FP00500084	K25	G J Vagotomy	5	15,000
210	FP00500085	K25	Vagotomy	3	12,000
211	FP00500086	M67	Ganglion - large - Excision	1	3,000
212	FP00500087	M67	Ganglion (Dorsum of Both Wrist) - Excision	1	4,000
213	FP00500088	M67	Ganglion - Small - Excision	D	1,000
214	FP00500089	K28	Gastro jejunal ulcer	5	10,000
215	FP00500090	K63	Gastro jejuno Colic Fistula	5	12,500
216	FP00500091	C17	Gastrojejunostomy	5	15,000
217	FP00500092	K25	Gastrotomy	7	15,000
218	FP00500093		Graham's Operation	5	15,000
219	FP00500094	A58	Granuloma - Excision	1	4,000
220	FP00500095		Growth – Excision	D	1,800
221	FP00500096	D18	Haemangioma - Excision	3	7,000
222	FP00500097	D13	Haemorrage of Small Intestine	3	15,000
223	FP00500098	C01	Hemi Glossectomy	3	10,000
224	FP00500099	D16	Hemi Mandibulectomy	3	15,000
225	FP00500100	C18	Hemicolectomy	5	16,000
226	FP00500101	J38	Hemithyroplasty	3	12,000
227	FP00500102	C34	Hepatic Resection (lobectomy)	7	22,000
228	FP00500103	K43	Hernia – Epigastric	3	10,000
229	FP00500104	K43	Hernia – Incisional	3	12,250
230	FP00500105	K40	Hernia - Repair & release of obstruction	3	10,000
231	FP00500106	K42	Hernia – Umbilical	3	8,450
232	FP00500107	K43	Hernia - Ventral - Lipectomy/Incisional	3	10,500
233	FP00500108	K41	Hernia - Femoral	3	7,000
234	FP00500109	K40	Hernioplasty	3	7,000
235	FP00500110		Herniorraphy and Hydrocelectomy Sac Excision	3	10,500
236	FP00500111	K44	Hernia - Hiatus	3	12,250
237	FP00500112	B67	Hydatid Cyst of Liver	3	10,000
238	FP00500113		Nodular Cyst	D	3,000
239	FP00500114	N43	Hydrocelectomy - Excision	2	4,000
240	FP00500115		Hydrocelectomy+Hernioplasty - Excision	3	7,000

241	FP00500116	N43	Hydrocele - Excision - Unilateral	2	3,750
242	FP00500117	N43	Hydrocele - Excision - Bilateral	2	5,000
243	FP00500118	C18	Ilieo Sigmoidostomy	5	13,000
244	FP00500119	M20	Infected Bunion Foot - Excision	1	4,000
245	FP00500120		Inguinal Node (bulk dissection) axial	2	10,000
246	FP00500121	K57	Instestinal perforation	6	9,000
247	FP00500122	K56	Intestinal Obstruction	6	9,000
248	FP00500123	K56	Intussusception	7	12,500
249	FP00500124	C16	Jejunostomy	6	10,000
250	FP00500125	K56	Closure of Perforation	5	9,000
251	FP00500126	C67	Cysto Reductive Surgery	3	7,000
252	FP00500127	K63	Gastric Perforation	6	12,500
253	FP00500128	K56	Intestinal Perforation (Resection Anastomosis)	5	11,250
254	FP00500129	K35	Appendicular Perforation	5	10,500
255	FP00500130		Burst Abdomen Obstruction	7	11,000
256	FP00500131	K56	Closure of Hollow Viscus Perforation	5	13,500
257	FP00500132		Laryngectomy & Pharyngeal Diverticulum (Throat)	3	10,000
258	FP00500133	Q42	Anorectoplasty	2	14,000
259	FP00500134	C32	Laryngectomy with Block Dissection (Throat)	3	12,000
260	FP00500135	C32	Laryngo Fissure (Throat)	3	12,500
261	FP00500136	C13	Laryngopharyngectomy (Throat)	3	12,000
262	FP00500137	K51	Ileostomy	7	17,500
263	FP00500138	D17	Lipoma	D	2,000
264	FP00500139	K56	Loop Colostomy Sigmoid	5	12,000
265	FP00500140	I84	Lords Procedure (haemorrhoids)	2	5,000
266	FP00500141	D24	Lumpectomy - Excision	2	7,000
267	FP00500142	C50	Mastectomy	2	9,000
268	FP00500143	K66	Mesenteric Cyst - Excision	3	9,000
269	FP00500144	K76	Mesenteric Caval Anastomosis	5	15,000
270	FP00500145	D14	Microlaryngoscopic Surgery [microlaryngoscopy ?]	3	12,500
271	FP00500146	T18	Oeshophagoscopy for foreign body removal	D	6,000
272	FP00500147	D13	Oesophagectomy	5	14,000
273	FP00500148	I85	Oesophagus Portal Hypertension	5	18,000
274	FP00500149	N73	Pelvic Abscess - Open Drainage	5	8,000
275	FP00500150	C61	Orchidectomy	2	5,500
276	FP00500151	C61	Orchidectomy + Herniorraphy	3	7,000
277	FP00500152	Q53	Orchidopexy	5	6,000
278	FP00500153	Q53	Orchidopexy with Circumsion	5	9,750
279	FP00500154	Q53	Orchidopexy With Eversion of Sac	5	8,750
280	FP00500155		Orchidopexy with Herniotomy	5	14,875

281	FP00500156	N45	Orchititis	2	6,000
282	FP00500157	K86	Pancreatrico Deodeneotomy	6	13,750
283	FP00500158	D12	Papilloma Rectum - Excision	2	3,500
284	FP00500159	I84	Haemorroidectomy+ Fistulectomy	2	7,000
285	FP00500160		Phytomatous Growth in the Scalp - Excision	1	3,125
286	FP00500161	K76	Porto Caval Anastomosis	5	12,000
287	FP00500162	K25	Pyeloroplasty	5	11,000
288	FP00500163	C50	Radical Mastectomy	2	9,000
289	FP00500164	C49	Radical Neck Dissection - Excision	6	18,750
290	FP00500165	K43	Hernia – Spigelian	3	12,250
291	FP00500166	K62	Rectal Dilation	1	4,500
292	FP00500167	K62	Prolapse of Rectal Mass - Excision	2	8,000
293	FP00500168	K62	Rectal polyp	1	3,000
294	FP00500169	K62	Rectopexy	3	10,000
295	FP00500170	K83	Repair of Common Bile Duct	3	12,500
296	FP00500171	C18	Resection Anastomosis (Large Intestine)	8	15,000
297	FP00500172	C17	Resection Anastomosis (Small Intestine)	8	15,000
298	FP00500173	D20	Retroperitoneal Tumor - Excision	5	15,750
299	FP00500174	I84	Haemorroidectomy	2	5,000
300	FP00500175	K11	Salivary Gland - Excision	3	7,000
301	FP00500176	L72	Sebaceous Cyst - Excision	D	1,200
302	FP00500177	N63	Segmental Resection of Breast	2	10,000
303	FP00500178		Scrotal Swelling (Multiple) - Excision	2	5,500
304	FP00500179	K57	Sigmoid Diverticulum	7	15,000
305	FP00500180	K25	Simple closure - Peptic perforation	6	11,000
306	FP00500181	L05	Sinus - Excision	2	5,000
307	FP00500182	D17	Soft Tissue Tumor - Excision	3	4,000
308	FP00500183	C80	Spindle Cell Tumor - Excision	3	7,000
309	FP00500184	D58	Splenectomy	10	26,000
310	FP00500185		Submandibular Lymphs - Excision	2	4,500
311	FP00500186	K11	Submandibular Mass Excision + Reconstruction	5	15,000
312	FP00500187	K11	Submandibular Salivary Gland -Removal	5	9,500
313	FP00500188	D11	Superficial Parodectomy	5	10,000
314	FP00500189	R22	Swelling in Rt and Lt Foot - Excision	1	2,400
315	FP00500190	R22	Swelling Over Scapular Region	1	4,000
316	FP00500191	K57	Terminal Colostomy	5	12,000
317	FP00500192	J38	Thyroplasty	5	11,000
318	FP00500193	C18	Coloectomy – Total	6	15,000
319	FP00500194	C67	Cystectomy – Total	6	10,000
320	FP00500195	C01	Glossectomy – Total (Throat)	7	15,000
321	FP00500196	C33	Pharyngectomy & Reconstruction - Total	6	13,000

322	FP00500197	Q32	Tracheal Stenosis (End to end Anastamosis) (Throat)	6	15,000
323	FP00500198	Q32	Tracheoplasty (Throat)	6	15,000
324	FP00500199	K56	Tranverse Colostomy	5	12,500
325	FP00500200	Q43	Umbilical Sinus - Excision	2	5,000
326	FP00500201	K25	Vagotomy & Drainage	5	15,000
327	FP00500202	K25	Vagotomy & Pyloroplasty	6	15,000
328	FP00500203	I84	Varicose Veins - Excision and Ligation	3	7,000
329	FP00500204		Vasco Vasostomy	3	11,000
330	FP00500205	K56	Volvlous of Large Bowel	4	15,000
331	FP00500206	K76	Warren's Shunt	6	15,000
332	FP00500207		Abbe Operation	3	7,500
333	FP00500208		Aneurysm not Requiring Bypass Techniques	5	28,000
334	FP00500209		Aneurysm Resection & Grafting		29,000
335	FP00500210		Aorta-Femoral Bypass		25,000
336	FP00500211		Arterial Embolectomy		20,000
337	FP00500212		Aspiration of Empymema	3	1,500
338	FP00500213		Benign Tumour Excisions	3	3,500
339	FP00500214		Carotid artery aneurism	7	28,000
340	FP00500215		Carotid Body Excision	6	14,500
341	FP00500216		Cholecystectomy & Exploration of CBD	7	11,500
342	FP00500217		Cholecystostomy	7	9,000
343	FP00500218		Congential Arteriovenus Fistula		21,000
344	FP00500219		Decortication (Pleurectomy)		16,500
345	FP00500220		Diagnostic Laproscopy		4,000
346	FP00500221		Dissecting Aneurysms		28,000
347	FP00500222		Distal Abdominal Aorta		22,500
348	FP00500223		Dressing under GA	D	750
349	FP00500224		Estlander Operation	3	6,500
350	FP00500225		Examination under Anesthesia	1	1,500
351	FP00500226		Excision and Skin Graft of Venous Ulcer		10,500
352	FP00500227		Excision of Corns	D	250
353	FP00500228		Excision of Lingual Thyroid	5	12,500
354	FP00500229		Excision of Moles	D	300
355	FP00500230		Excision of Molluscumcontagiosum	D	350
356	FP00500231		Excision of Parathyroid Adenoma/Carcinoma	5	13,500
357	FP00500232		Excision of Sebaceous Cysts	D	1,200
358	FP00500233		Excision of Superficial Liipoma	D	1,500
359	FP00500234		Excision of Superficial Neurofibroma	D	300
360	FP00500235		Excision of Thyroglossal Cyst/Fistula	3	7,000
361	FP00500236		Exploratory Thorocotomy	7	15,500
362	FP00500237		Exploratory Thorocotomy	7	15,000

363	FP00500238		Femoropopliteal by pass procedure	7	23,500
364	FP00500239		Flap Reconstructive Surgery		22,500
365	FP00500240		Free Grafts - Large Area 10%		5,000
366	FP00500241		Free Grafts - Theirech- Small Area 5%		4,000
367	FP00500242		Free Grafts - Very Large Area 20%		7,500
368	FP00500243		Free Grafts – Wolfe Grafts	10	8,000
369	FP00500244		Haemorrhoid - injection		500
370	FP00500245		Hemithyroidectomy		8,000
371	FP00500246		Intrathoracic Aneurysm -Aneurysm not Requiring Bypass Techniques	7	16,440
372	FP00500247		Intrathoracic Aneurysm -Requiring Bypass Techniques	7	17,460
373	FP00500248		Isthmectomy	5	7,000
374	FP00500249		Laaproscopic Hernia Repair	3	13,000
375	FP00500250		Lap. Assisted left Hemicolectomy	5	17,000
376	FP00500251		Lap. Assisted Right Hemicolectomy	3	17,000
377	FP00500252		Lap. Assisted small bowel resection	3	14,000
378	FP00500253		Lap. Assisted Total Colectomy	5	19,500
379	FP00500254		Lap. Cholecystectomy & CBD exploration	5	15,000
380	FP00500255		Lap. For intestinal obstruction	5	14,000
381	FP00500256		Lap. Hepatic resection	5	17,300
382	FP00500257		Lap. Hydatid of liver surgery	5	15,200
383	FP00500258		Laproscopic Adhesiolysis	5	11,000
384	FP00500259		Laproscopic Adrenalectomy	5	12,000
385	FP00500260		Laproscopic Appenjdicectomy	3	9,500
386	FP00500261		Laproscopic Cholecystectomy	5	12,000
387	FP00500262		Laproscopic Coliatomus	5	17,000
388	FP00500263		Laproscopic cystogastrostomy	5	15,000
389	FP00500264		Laproscopic donor Nephroctomy	5	15,000
390	FP00500265		Laproscopic Gastrostomy	5	11,000
391	FP00500266		Laproscopic Gastrostomy	5	10,500
392	FP00500267		Laproscopic Hiatus Hernia Repair	5	17,000
393	FP00500268		Laproscopic Pyelolithotomy	5	15,000
394	FP00500269		Laproscopic Pyloromyotomy	5	12,500
395	FP00500270		Laproscopic Rectopexy	5	15,000
396	FP00500271		Laproscopic Spleenectomy	5	12,000
397	FP00500272		Laproscopic Thyroidectomy	5	12,000
398	FP00500273		Laproscopic umbilical hernia repair	5	14,000
399	FP00500274		Laproscopic ureterolithotomy	5	14,000
400	FP00500275		Laproscopic ventral hernia repair	5	14,000
401	FP00500276		Laprotomy-peritonitis lavage and drainage	7	7,000
402	FP00500277		Ligation of Ankle Perforators	3	10,500
403	FP00500278		Lymphatics Excision of Subcutaneous Tissues In Lymphoedema	3	8,000

404	FP00500279		Repai of Main Arteries of the Limbs	5	28,000
405	FP00500280		Mediastinal Tumour		23,000
406	FP00500281		Oesophagectomy for Carcinoma Easophagus	7	20,000
407	FP00500282		Operation for Bleeding Peptic Ulcer	5	14,000
408	FP00500283		Operation for Carcinoma Lip - Vermilionectomy	7	5,000
409	FP00500284		Operation for Carcinoma Lip - Wedge Excision and Vermilonectomy	7	5,500
410	FP00500285		Operation for Carcinoma Lip - Wedge-Excision	7	5,100
411	FP00500286		Operation for Gastrojejunal Ulcer	5	13,000
412	FP00500287		Operation of Choledochal Cyst	7	12,500
413	FP00500288		Operations for Acquired Arteriovenous Fistula	7	19,500
414	FP00500289		Operations for Replacement of Oesophagus by Colon	7	21,000
415	FP00500290		Operations for Stenosis of Renal Arteries	7	24,000
416	FP00500291		Parapharyngeal tumor - Excission	5	5,000
417	FP00500292		Parapharyngeal Tumour Excision	7	11,000
418	FP00500293		Partial Pericardectomy	8	14,500
419	FP00500294		Partial Thyroidectomy	7	9,000
420	FP00500295		Partial/Subtotal Gastrectomy for Carcinoma	7	15,500
421	FP00500296		Partial/Subtotal Gastrectomy for Ulcer	7	15,500
422	FP00500297		Patch Graft Angioplasty	8	17,000
423	FP00500298		Pericardiostomy	10	25,000
424	FP00500299		Peritoneal dialysis	1	1,500
425	FP00500300		Phimosis Under LA	D	1,000
426	FP00500301		Pneumonectomy	8	20,000
427	FP00500302		Portocaval Anastomosis	9	22,000
428	FP00500303		Removal of Foreign Body from Trachea or Oesophagus	1	2,500
429	FP00500304		Removal Tumours of Chest Wall	8	12,500
430	FP00500305		Renal Artery aneurysm and disection	8	28,000
431	FP00500306		Procedures Requiring Bypass Techniques	8	28,000
432	FP00500307		Resection Enucleation of Adenoma	7	7,500
433	FP00500308		Rib Resection & Drainage	5	7,500
434	FP00500309		Skin Flaps - Rotation Flaps	3	5,000
435	FP00500310		Soft Tissue Sarcoma	5	12,500
436	FP00500311		Splenectomy - For Hypersplenism	8	18,000
437	FP00500312		Splenectomy - For Trauma	8	18,000
438	FP00500313		Splenorenal Anastomosis	8	20,000
439	FP00500314		Superficial Veriscosity	3	2,500
440	FP00500315		Surgery for Arterial Aneursysm Carotid	8	15,000
441	FP00500316		Surgery for Arterial Aneursysm Renal Artery	6	15,000

442	FP00500317		Surgery for Arterial Aneursysm Spleen Artery	7	15,000
443	FP00500318		Surgery for Arterial Aneursysm -Vertebral	7	20,520
444	FP00500319		Suturing of wounds with local anesthesia	D	200
445	FP00500320		Suturing without local anesthesia	D	100
446	FP00500321		Sympathetectomy - Cervical	5	2,500
447	FP00500322		Sympathetectomy - Lumbar	5	11,500
448	FP00500323		Temporal Bone resection	5	11,500
449	FP00500324		Temporary Pacemaker Implantation	5	10,000
450	FP00500325		Thorachostomy	5	7,500
451	FP00500326		Thoracocentesis	5	1,200
452	FP00500327		Thoracoplasty	7	20,500
453	FP00500328		Thoracoscopic Decortication	7	19,500
454	FP00500329		Thoracoscopic Hydatid Cyst excision	7	16,500
455	FP00500330		Thoracoscopic Lebectomy	7	19,500
456	FP00500331		Thoracoscopic Pneumonectomy	7	22,500
457	FP00500332		Thoracoscopic Segmental Resection	7	18,500
458	FP00500333		Thoracoscopic Sympathectomy	7	16,500
459	FP00500334		Thrombendarterectomy	7	23,500
460	FP00500335		Thymectomy	7	17,500
461	FP00500336		Thorax (penetrating wounds)	7	10,000
462	FP00500337		Total Laryngectomy	7	17,500
463	FP00500338		Total Thyroidectomy (Cancer)	8	14,000
464	FP00500339		Total Thyroidectomy and Block Dissection	10	16,500
465	FP00500340		Trendelenburg Operation	5	10,500
466	FP00500341		Urtheral Dilatation	D	500
467	FP00500342		Vagotomy Pyleroplasty / Gastro Jejunostomy	6	11,000
468	FP00500343		Varicose veins - injection	D	500
469	FP00500344		Vasectomy	D	1,500
	6	**GYNAECOLOGY**			
470	FP00600001		Abdomonal open for stress incision	5	11,250
471	FP00600002	N75	Bartholin abscess I & D	D	1,875
472	FP00600003	N75	Bartholin cyst removal	D	1,875
473	FP00600004	N84	Cervical Polypectomy	1	3,000
474	FP00600005	N84	Cyst – Labial	D	1,750
475	FP00600006	D28	Cyst -Vaginal Enucleation	D	1,875
476	FP00600007	N83	Ovarian Cystectomy	1	7,000
477	FP00600008	N81	Cystocele - Anterior repair	2	10,000
478	FP00600009	N96	D&C (Dilatation & curretage)	D	2,500
479	FP00600010		Electro Cauterisation Cryo Surgery	D	2,500
480	FP00600011		Fractional Curretage	D	2,500

481	FP00600012		Gilliams Operation	2	6,000
482	FP00600013		Haemato Colpo/Excision - Vaginal Septum	D	3,000
483	FP00600014	N89	Hymenectomy & Repair of Hymen	D	5,000
484	FP00600015	C53	Hysterectomy - abdominal	5	10,000
485	FP00600016	C53	Hysterectomy - Vaginal	5	10,000
486	FP00600017	C53	Hysterectomy - Wertheims operation	5	12,500
487	FP00600018	D25	Hysterotomy -Tumors removal	5	12,500
488	FP00600019	D25	Myomectomy - Abdominal	5	10,500
489	FP00600020	D27	Ovarectomy/Oophrectomy	3	7,000
490	FP00600021	O70	Perineal Tear Repair	D	1,875
491	FP00600022	N81	Prolapse Uterus –L forts	5	11,250
492	FP00600023	N81	Prolapse Uterus - Manchester	5	11,250
493	FP00600024	N82	Retro Vaginal Fistula -Repair	3	12,250
494	FP00600025	C56	Salpingoophrectomy	3	7,500
495	FP00600026	N97	Tuboplasty	3	8,750
496	FP00600027	O70	Vaginal Tear -Repair	D	3,125
497	FP00600028	D28	Vulvectomy	2	8,000
498	FP00600029	D28	Vulvectomy - Radical	2	7,500
499	FP00600030	D28	Vulval Tumors - Removal	3	5,000
500	FP00600031		Normal Delivery	2	2,500
501	FP00600032		Casearean delivery	3	4,500
502	FP00600033		Caesarean Hysterectomy	4	12,000
503	FP00600034		Conventional Tubectomy	2	2,500
504	FP00600035		D&C (Dilatation & curetage) > 12 wks with prior IA approval	1	4,500
505	FP00600036		D&C (dilatation & Curretage) upto 12 wks	D	3,500
506	FP00600037		D&C (Dilatation & curretage)upto 8 wks	D	2,500
507	FP00600038		Destructive operation	5	5,000
508	FP00600039		Hysterectomy- Laproscopy	3	15,000
509	FP00600040		Insertion of IUD Device	D	500
510	FP00600041		Laproscopy Salpingoplasty/ ligation	D	7,500
511	FP00600042		Laprotomy -failed laproscopy to explore	5	8,500
512	FP00600043		Laprotomy for ectopic repture	5	8,500
513	FP00600044		Low Forceps	3	5,500
514	FP00600045		Low midcavity forceps	3	5,500
515	FP00600046		Lower Segment Caesarean Section	4	6,000
516	FP00600047		Manual removel of Plecenta	3	3,000
517	FP00600048		Nomal delivery with episiosty and P repair	3	4,500
518	FP00600049		Perforamtion of Uterus after D/E laprotomy and closure	5	14,000
519	FP00600050		Repair of post coital tear, perineal injury	1	2,500
520	FP00600051		Rupture Uterus , closer and repoar with tubal ligation	4	14,000
521	FP00600052		Salphingo-oophorectomy	4	9,000

522	FP00600053		Shirodhkar Mc. Donalds stich	5	2,500
	7	**ENDOSCOPIC PROCEDURES**			
523	FP00700001	N80	Ablation of Endometriotic Spot	D	5,000
524	FP00700002		Adhenolysis	D	17,000
525	FP00700003	K35	Appendictomy	2	11,000
526	FP00700004	K80	Cholecystectmy	3	10,000
527	FP00700005	K80	Cholecystectomy and Drainage of Liver abscess	3	14,200
528	FP00700006	K80	Cholecystectomy with Excision of TO Mass	4	15,000
529	FP00700007		Cyst Aspiration	D	1,750
530	FP00700008		Endometria to Endometria Anastomosis	3	7,000
531	FP00700009	N97	Fimbriolysis	2	5,000
532	FP00700010	C18	Hemicolectomy	4	17,000
533	FP00700011	C53	Hysterectomy with bilateral Salpingo Operectomy	3	12,250
534	FP00700012	K43	Incisional Hernia - Repair	2	12,250
535	FP00700013	K40	Inguinal Hernia - Bilateral	2	10,000
536	FP00700014	K40	Inguinal hernia - Unilateral	2	11,000
537	FP00700015	K56	Intestinal resection	3	13,500
538	FP00700016	D25	Myomectomy	2	10,500
539	FP00700017	D27	Oophrectomy	2	7,000
540	FP00700018	N83	Ovarian Cystectomy	D	7,000
541	FP00700019		Perotionities	5	9,000
542	FP00700020	C56	Salpingo Ophrectomy	3	9,000
543	FP00700021	N97	Salpingostomy	2	9,000
544	FP00700022	Q51	Uterine septum	D	7,500
545	FP00700023	I86	Varicocele - Bilateral	1	15,000
546	FP00700024	I86	Varicocele - Unilateral	1	11,000
547	FP00700025	N28	Repair of Ureterocele	3	10,000
548	FP00700026		Esophageal Sclerotheraphy for varies first sitting	D	1,400
549	FP00700027		Esophageal Sclerotheraphy for varies subseqent sitting	D	1,100
550	FP00700028		Upper GI endoscopy	D	900
551	FP00700029		Upper GI endoscopy with biopsy	D	1,200
	8	**HYSTERO-SCOPIC**			
552	FP00800001	N80	Ablation of Endometrium	D	5,000
553	FP00800002	N97	Hysteroscopic Tubal Cannulation	D	12,500
554	FP00800003	N84	Polypectomy	D	7,000
555	FP00800004	N85	Uterine Synechia - Cutting	D	7,500

	9	**NEURO-SURGERY**			
556	FP00900001	I67	Anneurysm	10	29,750
557	FP00900002	Q01	Anterior Encephalocele	10	28,750
558	FP00900003	I60	Burr hole	8	23,000
559	FP00900004	I65	Carotid Endartrectomy	10	18,750
560	FP00900005	G56	Carpal Tunnel Release	5	11,000
561	FP00900006	Q76	Cervical Ribs – Bilateral	7	13,000
562	FP00900007	Q76	Cervical Ribs - Unilateral	5	10,000
563	FP00900008		Cranio Ventrical	9	14,000
564	FP00900009		Cranioplasty	7	10,000
565	FP00900010	Q75	Craniostenosis	7	20,000
566	FP00900011	S02	Cerebrospinal Fluid (CSF) Rhinorrohea	3	10,000
567	FP00900012		Duroplasty	5	9,000
568	FP00900013	S06	Haematoma - Brain (head injuries)	9	22,000
569	FP00900014		Haematoma - Brain (hypertensive)	9	22,000
570	FP00900015	S06	Haematoma (Child irritable subdural)	10	22,000
571	FP00900016	M48	Laminectomy with Fusion	6	16,250
572	FP00900017		Local Neurectomy	6	11,000
573	FP00900018	M51	Lumbar Disc	5	10,000
574	FP00900019	Q05	Meningocele - Anterior	10	30,000
575	FP00900020	Q05	Meningocele - Lumbar	8	22,500
576	FP00900021	Q01	Meningococle – Ocipital	10	30,000
577	FP00900022	M50	Microdiscectomy - Cervical	10	15,000
578	FP00900023	M51	Microdiscectomy - Lumber	10	15,000
579	FP00900024	M54	Neurolysis	7	15,000
580	FP00900025		Peripheral Nerve Surgery	7	12,000
581	FP00900026	I82	Posterior Fossa - Decompression	8	18,750
582	FP00900027		Repair & Transposition Nerve	3	6,500
583	FP00900028	S14	Brachial Plexus - Repair	7	18,750
584	FP00900029	Q05	Spina Bifida - Large - Repair	10	22,000
585	FP00900030	Q05	Spina Bifida - Small - Repair	10	18,000
586	FP00900031	G91	Shunt	7	12,000
587	FP00900032	S12	Skull Traction	5	8,000
588	FP00900033		Spine - Anterior Decompression	8	18,000
589	FP00900034	M54	Spine - Canal Stenosis	6	14,000
590	FP00900035	M54	Spine - Decompression & Fusion	6	17,000
591	FP00900036	M54	Spine - Disc Cervical/Lumber	6	15,000
592	FP00900037	C72	Spine – Extradural Tumour	7	14,000
593	FP00900038	C72	Spine - Intradural Tumour	7	14,000
594	FP00900039	C72	Spine - Intramedullar Tumour	7	15,000
595	FP00900040	P10	Subdural aspiration	3	8,000
596	FP00900041	G50	Temporal Rhizotomy	5	12,000
597	FP00900042		Trans Sphenoidal	6	15,000

598	FP00900043	C71	Tumours - Supratentorial	7	20,000
599	FP00900044	D32	Tumours Meninges - Gocussa	7	20,000
600	FP00900045	D32	Tumours Meninges - Posterior	7	20,000
601	FP00900046	K25	Vagotomy - Selective	5	15,000
602	FP00900047	C17	Vagotomy with Gastrojejunostomy	6	15,000
603	FP00900048	K25	Vagotomy with Pyeloroplasty	6	15,000
604	FP00900049	K25	Vagotomy – Highly Selective	5	15,000
605	FP00900050	G00	Ventricular Puncture	3	8,000
606	FP00900051		Brain Biopsy	5	12,500
607	FP00900052		Cranial Nerve Anastomosis	5	10,000
608	FP00900053		Depressed Fracture	7	16,500
609	FP00900054		Nerve Biopsy excluding Hensens	2	4,500
610	FP00900055		Peripheral Neurectomy (Tirgeminal)	5	10,500
611	FP00900056		Peritoneal Shunt	5	10,000
612	FP00900057		R.F. Lesion for Trigeminal Neuralgia -	5	5,000
613	FP00900058		Subdural Tapping	3	2,000
614	FP00900059		Twist Drill Craniostomy	3	10,500
	10	**OPHTHAL-MOLOGY**			
615	FP01000001	H00	Abscess Drainage of Lid	D	500
616	FP01000002	H40	Anterior Chamber Reconstruction	3	7,000
617	FP01000003	H33	Buckle Removal	2	9,375
618	FP01000004	H04	Canaliculo Dacryocysto Rhinostomy	1	7,000
619	FP01000005	H25	Capsulotomy	1	2,000
620	FP01000006	H25	Cataract – Bilateral	D	5,000
621	FP01000007	H25	Cataract – Unilateral	D	3,500
622	FP01000008	H25	Cataract + Pterygium	D	5000
623	FP01000009	H18	Corneal Grafting	D	4,000
624	FP01000010	H33	Cryoretinopexy - Closed	1	5,000
625	FP01000011	H33	Cryoretinopexy - Open	1	6,000
626	FP01000012	H40	Cyclocryotherapy	D	3,500
627	FP01000013	H04	Cyst	D	1,000
628	FP01000014	H04	Dacrocystectomy With Pterygium - Excision	D	6,500
629	FP01000015	H11	Pterigium + Conjunctival Autograft	D	3,500
630	FP01000016	H04	Dacryocystectomy	D	5,000
631	FP01000017	H46	Endoscopic Optic Nerve Decompression	D	8,000
632	FP01000018	E05	Endoscopic Optic Orbital Decompression	D	8,000
633	FP01000019	C69	Enucleation	1	2,000
634	FP01000020	C69	Enuleation with Implant	1	3,500
635	FP01000021	C69	Exentration	D	3,500
636	FP01000022	H02	Ectropion Correction	D	3,000
637	FP01000023	H40	Glaucoma surgery (trabeculectomy)	2	7,000

638	FP01000024	H44	Intraocular Foreign Body Removal	D	3,000
639	FP01000025	H18	Keratoplasty	1	8,000
640	FP01000026	H52	Lensectomy	D	7,500
641	FP01000027	H04	Limbal Dermoid Removal	D	2,500
642	FP01000028	H33	Membranectomy	D	6,000
643	FP01000029	S05	Perforating corneo - Scleral Injury	2	5,000
644	FP01000030	H11	Pterygium (Day care)	D	1,000
645	FP01000031	H02	Ptosis	D	2,000
646	FP01000032	H52	Radial Keratotomy	1	5,000
647	FP01000033	H21	IRIS Prolapse - Repair	2	5,000
648	FP01000034	H33	Retinal Detachment Surgery	2	10,000
649	FP01000035	D31	Small Tumour of Lid - Excision	D	500
650	FP01000036	D31	Socket Reconstruction	3	6,000
651	FP01000037	H40	Trabeculectomy - Right	D	7,500
652	FP01000038	H40	Iridectomy	D	1,800
653	FP01000039	D31	Tumours of IRIS	2	4,000
654	FP01000040	H33	Vitrectomy	2	4,500
655	FP01000041	H33	Vitrectomy + Retinal Detachment	3	20,000
656	FP01000042		Acid and alkali burns	D	500
657	FP01000043		Cataract with IOL by Phoco emulsification tech. unilateral	D	4,500
658	FP01000044		Cataract with IOL with Phoco emulsification Bilateral	D	7,000
659	FP01000045		Cauterisation of ulcer/subconjuctival injection - both eye	D	200
660	FP01000046		Cauterisation of ulcer/subconjuctival injection - One eye	D	100
661	FP01000047		Chalazion - both eye	D	600
662	FP01000048		Chalazion - one eye	D	500
663	FP01000049		Conjuntival Melanoma	D	1,000
664	FP01000050		Dacryocystectomy	D	5,000
665	FP01000051		Dacryocystectomy (DCY)	D	2,000
666	FP01000052		DCR (Dacryocystorhinostomy)	D	3,200
667	FP01000053		Decompression of Optic nerve	1	13,500
668	FP01000054		EKG/EOG	D	1,200
669	FP01000055		Entropion correction	D	1,000
670	FP01000056		Epicantuhus correction	D	2,000
671	FP01000057		Epiliation	D	250
672	FP01000058		ERG	D	750
673	FP01000059		Eviseration	1	2,700
674	FP01000060		Laser for retinopathy	D	1,200
675	FP01000061		Laser inter ferometry	D	1,500
676	FP01000062		Lid tear	D	1,500
677	FP01000063		Orbitotomy	1	6,000

678	FP01000064		Squint correction	2	5,000
679	FP01000065		Trabeculectomy	D	5,500
	11	**ORTHOPAEDIC**			
680	FP01100001	S42	Acromion reconstruction	10	20,000
681	FP01100002	Q79	Accessory bone - Excision	3	12,000
682	FP01100003	S48	Ampuation - Upper Fore Arm	5	15,000
683	FP01100004	S68	Amputation - Index Fingure	1	1,000
684	FP01100005	S58	Amputation - Forearm	5	18,000
685	FP01100006		Amputation - Wrist Axillary Node Dissection	4	12,000
686	FP01100007		Amputation - 2nd and 3rd Toe	1	2,000
687	FP01100008		Amputation - 2nd Toe	1	1,000
688	FP01100009		Amputation - 3rd and 4th Toes	1	2,000
689	FP01100010		Amputation - 4th and 5th Toes	1	2,000
690	FP01100011		Amputation - Ankle	5	12,000
691	FP01100012		Amputation - Arm	6	18,000
692	FP01100013	M20	Amputation - Digits	1	3,500
693	FP01100014		Amputation - Fifth Toe	1	1,000
694	FP01100015	S98	Amputation - Foot	5	18,000
695	FP01100016		Amputation - Forefoot	5	15,000
696	FP01100017		Amputation - Great Toe	1	1,000
697	FP01100018	S68	Amputation - Wrist	5	12,000
698	FP01100019	S88	Amputation - Leg	7	20,000
699	FP01100020		Amputation - Part of Toe and Fixation of K Wire	5	12,000
700	FP01100021	S78	Amputation - Thigh	7	18,000
701	FP01100022	M41	Anterior & Posterior Spine Fixation	6	25,000
702	FP01100023		Arthoplasty – Excision	3	8,000
703	FP01100024		Arthorotomy	7	15,000
704	FP01100025	Q66	Arthrodesis Ankle Triple	7	16,000
705	FP01100026		Arthrotomy + Synevectomy	3	15,000
706	FP01100027	Q65	Arthroplasty of Femur head - Excision	7	18,000
707	FP01100028	S82	Bimalleolar Fracture Fixation	6	12,000
708	FP01100029		Bone Tumour and Reconstruction -Major - Excision	6	13,000
709	FP01100030		Bone Tumour and Reconstruction - Minor - Excision	4	10,000
710	FP01100031	M77	Calcaneal Spur - Excision of Both	3	9,000
711	FP01100032	S42	Clavicle Surgery	5	15,000
712	FP01100033	S62	Close Fixation - Hand Bones	3	7,000
713	FP01100034	S92	Close Fixation - Foot Bones	2	6,500
714	FP01100035		Close Reduction - Small Joints	1	3,500
715	FP01100036		Closed Interlock Nailing + Bone Grafting	2	12,000

716	FP01100037		Closed Interlocking Intermedullary	2	12,000
717	FP01100038	S82	Closed Interlocking Tibia + Orif of Fracture Fixation	3	12,000
718	FP01100039		Closed Reduction and Internal Fixation	3	12,000
719	FP01100040		Closed Reduction and Internal Fixation with K wire	3	12,000
720	FP01100041		Closed Reduction and Percutaneous Screw Fixation	3	12,000
721	FP01100042		Closed Reduction and Percuteneous Pinning	3	12,000
722	FP01100043		Closed Reduction and Percutaneous Nailing	3	12,000
723	FP01100044		Closed Reduction and Proceed to Posterior Stabilization	5	16,000
724	FP01100045		Debridement & Closure - Major	3	5,000
725	FP01100046		Debridement & Closure - Minor	1	3,000
726	FP01100047	M48	Decompression and Spinal Fixation	5	20,000
727	FP01100048	M48	Decompression and Stabilization with Steffiplate	6	20,000
728	FP01100049	M43	Decompression L5 S1 Fusion with Posterior Stabilization	6	20,000
729	FP01100050	G56	Decompression of Carpal Tunnel Syndrome	2	4,500
730	FP01100051	M51	Decompression Posteier D12+L1	5	18,000
731	FP01100052	M51	Decompression Stabilization and Laminectomy	5	16,000
732	FP01100053	S53	Dislocation - Elbow	D	1,000
733	FP01100054	S43	Dislocation - Shoulder	D	1,000
734	FP01100055	S73	Dislocation- Hip	1	1,000
735	FP01100056	S83	Dislocation - Knee	1	1,000
736	FP01100057		Drainage of Abscess Cold	D	1,250
737	FP01100058	M72	Dupuytren Contracture	6	12,000
738	FP01100059	M89	Epiphyseal Stimulation	3	10,000
739	FP01100060	M89	Exostosis - Small bones -Excision	2	5,500
740	FP01100061	M89	Exostosis - Femur - Excision	7	15,000
741	FP01100062	M89	Exostosis - Humerus - Excision	7	15,000
742	FP01100063	M89	Exostosis - Radius - Excision	6	12,000
743	FP01100064	M89	Exostosis - Ulna - Excision	6	12,000
744	FP01100065	M89	Exostosis - Tibia- Excision	6	12,000
745	FP01100066	M89	Exostosis - Fibula - Excision	6	12,000
746	FP01100067	M89	Exostosis - Patella - Excision	6	12,000
747	FP01100068		Exploration and Ulnar Repair	5	9,500
748	FP01100069	S72	External fixation - Long bone	4	13,000
749	FP01100070		External fixation - Small bone	2	11,500
750	FP01100071	S32	External fixation - Pelvis	5	15,000
751	FP01100072	M62	Fasciotomy	2	12,000
752	FP01100073		Fixater with Joint Arthrolysis	9	18,000

753	FP01100074	S32	Fracture - Acetabulam	9	18,000
754	FP01100075	S72	Fracture - Femoral neck - MUA & Internal Fixation	7	18,000
755	FP01100076	S72	Fracture - Femoral Neck Open Reduction & Nailing	7	15,000
756	FP01100077	S82	Fracture - Fibula Internal Fixation	7	15,000
757	FP01100078	S72	Fracture - Hip Internal Fixation	7	15,000
758	FP01100079	S42	Fracture - Humerus Internal Fixation	2	13,000
759	FP01100080	S52	Fracture - Olecranon of Ulna	2	9,500
760	FP01100081	S52	Fracture - Radius Internal Fixation	2	9,500
761	FP01100082	S82	Fracture - TIBIA Internal Fixation	4	10,500
762	FP01100083	S82	Fracture - Fibula Internal Fixation	4	10,500
763	FP01100084	S52	Fracture - Ulna Internal Fixation	4	9,500
764	FP01100085		Fractured Fragment Excision	2	7,500
765	FP01100086	M16	Girdle Stone Arthroplasty	7	15,000
766	FP01100087	M41	Harrington Instrumentation	5	15,000
767	FP01100088	S52	Head Radius - Excision	3	15,000
768	FP01100089	M17	High Tibial Osteotomy	5	15,000
769	FP01100090		Hip Region Surgery	7	18,000
770	FP01100091	S72	Hip Spica	D	4,000
771	FP01100092	S42	Internal Fixation Lateral Epicondyle	4	9,000
772	FP01100093		Internal Fixation of other Small Bone	3	7,000
773	FP01100094		Joint Reconstruction	10	22,000
774	FP01100095	M48	Laminectomy	9	18,000
775	FP01100096	M89	Leg Lengthening	8	15,000
776	FP01100097	S72	Llizarov Fixation	6	15,000
777	FP01100098	M66	Multiple Tendon Repair	5	12,500
778	FP01100099		Nerve Repair Surgery	6	14,000
779	FP01100100		Nerve Transplant/Release	5	13,500
780	FP01100101		Neurolysis	7	18,000
781	FP01100102		Open Reduction Internal Fixation (2 Small Bone)	5	12,000
782	FP01100103		Open Reduction Internal Fixation (Large Bone)	6	16,000
783	FP01100104	Q65	Open Reduction of CDH	7	17,000
784	FP01100105		Open Reduction of Small Joint	1	7,500
785	FP01100106		Open Reduction with Phemister Grafting	3	10,000
786	FP01100107		Osteotomy -Small Bone	6	18,000
787	FP01100108		Osteotomy -Long Bone	8	21,000
788	FP01100109	M17	Patellectomy	7	15,000
789	FP01100110	S32	Pelvic Fracture - Fixation	8	17,000
790	FP01100111	M16	Pelvic Osteotomy	10	22,000
791	FP01100112		Percutaneous - Fixation of Fracture	6	10,000
792	FP01100113	M70	Prepatellar Bursa and Repair of MCL of Knee	7	15,500

793	FP01100114	S83	Reconstruction of ACL/PCL	7	19,000
794	FP01100115	M76	Retrocalcaneal Bursa - Excision	4	10,000
795	FP01100116	M86	Sequestrectomy of Long Bones	7	18,000
796	FP01100117	M75	Shoulder Jacket	D	5,000
797	FP01100118		Sinus Over Sacrum Excision	2	7,500
798	FP01100119		Skin Grafting	2	7,500
799	FP01100120	M43	Spinal Fusion	10	22,000
800	FP01100121	M05	Synovectomy	7	18,000
801	FP01100122	M71	Synovial Cyst - Excision	1	7,500
802	FP01100123	Q66	Tendo Achilles Tenotomy	1	5,000
803	FP01100124		Tendon Grafting	3	18,000
804	FP01100125	S86	Tendon Nerve Surgery of Foot	1	2,000
805	FP01100126	G56	Tendon Release	1	2,500
806	FP01100127	M67	Tenolysis	2	8,000
807	FP01100128	M67	Tenotomy	2	8,000
808	FP01100129	S82	Tension Band Wiring Patella	5	12,500
809	FP01100130	M65	Trigger Thumb	D	2,500
810	FP01100131		Wound Debridiment	D	1,000
811	FP01100132		Application of Functional Cast Brace	D	1,200
812	FP01100133		Application of P.O.P. casts for Upper & Lower Limbs	D	850
813	FP01100134		Application of P.O.P. Spicas & Jackets	D	2,450
814	FP01100135		Application of Skeletal Tractions	D	1,500
815	FP01100136		Application of Skin Traction	D	800
816	FP01100137		Arthroplasty (joints) - Excision	3	13,000
817	FP01100138		Aspiration & Intra Articular Injections	D	500
818	FP01100139		Bandage & Stapping for Fractures	D	400
819	FP01100140		Close Reduction of Fractures of Limb & P.O.P.	D	2,000
820	FP01100141		Internal Wire Fixation of Mandible & Maxilla		9,500
821	FP01100142		Reduction of Compound Fractures	1	2,000
822	FP01100143		Reduction of Facial Fractures of Maxilla	1	8,500
823	FP01100144		Reduction of Fractures of Mandible & Maxilla - Cast Netal Splints	2	5,500
824	FP01100145		Reduction of Fractures of Mandible & Maxilla - Eye Let Splinting	2	5,500
825	FP01100146		Reduction of Fractures of Mandible & Maxilla - Gumming Splints	2	5,500
	12	**PAEDIATRIC**			
826	FP01200001	Q79	Abdomino Perioneal (Exomphalos)	5	13,000
827	FP01200002	Q42	Anal Dilatation	3	5,000
828	FP01200003	Q43	Anal Transposition for Ectopic Anus	7	17,000
829	FP01200004	Q54	Chordee Correction	5	10,000
830	FP01200005	Q43	Closure Colostomy	7	12,500

831	FP01200006	Q43	Colectomy	5	12,000
832	FP01200007	Q39	Colon Transplant	3	18,000
833	FP01200008	N21	Cystolithotomy	3	7,500
834	FP01200009	Q39	Esophageal Atresia (Fistula)	3	18,000
835	FP01200010	R62	Gastrostomy	5	15,000
836	FP01200011	Q79	Hernia - Diaphragmatic	3	10,000
837	FP01200012	K43	Hernia - Epigastric	3	7,000
838	FP01200013	K42	Hernia - Umbilical	3	7,000
839	FP01200014	K40	Hernia-Inguinal - Bilateral	3	10,000
840	FP01200015	K40	Hernia-Inguinal -Unilateral	3	7,000
841	FP01200016	Q43	Meckel's Diverticulectomy	3	12,250
842	FP01200017	Q74	Meniscectomy	3	6,000
843	FP01200018	N20	Nephrolithotomy	3	10,000
844	FP01200019	Q53	Orchidopexy - Bilateral	2	7,500
845	FP01200020	Q53	Orchidopexy - Unilateral)	2	5,000
846	FP01200021	N20	Pyelolithotomy	5	10,000
847	FP01200022	Q62	Pyeloplasty	5	15,000
848	FP01200023	Q40	Pyloric Stenosis (Ramsted OP)	3	10,000
849	FP01200024	K62	Rectal Polyp	2	3,750
850	FP01200025		Resection & Anastamosis of Intestine	7	14,000
851	FP01200026	N21	Supra Pubic Drainage - Open	2	4,000
852	FP01200027	N44	Torsion Testis	5	10,000
853	FP01200028	Q39	Tracheo Esophageal Fistula	5	18,750
854	FP01200029	Q62	Ureterotomy	5	10,000
855	FP01200030	N35	Urethroplasty	5	15,000
856	FP01200031	Q62	Vesicostomy	5	12,000
	13	**ENDOCRINE**			
857	FP01300001	D35	Adenoma Parathyroid - Excision	3	15,000
858	FP01300002	D35	Adrenal Gland Tumour - Excision	5	11,250
859	FP01300003	D36	Axillary lymphnode - Excision	3	13,000
860	FP01300004	D11	Parotid Tumour - Excision	3	9,000
861	FP01300005	C25	Pancreatectomy	7	17,000
862	FP01300006	K80	Sphineterotomy (sphincterotomy ?)	5	13,000
863	FP01300007	D34	Thyroid Adenoma Resection Enucleation	5	15,000
864	FP01300008	E05	Thyroidectomy - Hemi	3	9,000
865	FP01300009	E05	Thyroidectomy - Partial	3	10,000
866	FP01300010	C73	Thyroidectomy - Total	5	16,000
867	FP01300011	C73	Total thyroidectomy & block dissection	5	17,000
868	FP01300012	C73	Totol Thyroidectomy + Reconstruction	5	15,000
869	FP01300013		Trendal Burge Ligation and Stripping	3	9,000
870	FP01300014		Post Fossa		12,000

	14	**UROLOGY**			
871	FP01400001	N21	Bladder Calculi- Removal	2	7,000
872	FP01400002	C67	Bladder Tumour (Fulgration)	2	2,000
873	FP01400003	Q64	Correction of Extrophy of Bladder	2	1,500
874	FP01400004	N21	Cystilithotomy	2	6,000
875	FP01400005	K86	Cysto Gastrostomy	4	10,000
876	FP01400006	K86	Cysto Jejunostomy	4	10,000
877	FP01400007	N20	Dormia Extraction of Calculus	1	5,000
878	FP01400008	N15	Drainage of Perinepheric Abscess	1	7,500
879	FP01400009	N21	Cystolithopexy	2	7,500
880	FP01400010	N36	Excision of Urethral Carbuncle	1	5,000
881	FP01400011		Exploration of Epididymus (Unsuccesful Vasco vasectomy)	2	7,500
882	FP01400012	Q64	Urachal Cyst	1	4,000
883	FP01400013	Q54	Hydrospadius	2	9,000
884	FP01400014	N35	Internal Urethrotomy	3	7,000
885	FP01400015	N20	Litholapexy	2	7,500
886	FP01400016	N20	Lithotripsy	2	11,000
887	FP01400017	N36	Meatoplasty	1	2,500
888	FP01400018	N36	Meatotomy	1	1,500
889	FP01400019		Neoblastoma	3	15,000
890	FP01400020	Q61	Nephrectomy	4	10,000
891	FP01400021	C64	Nephrectomy (Renal tumour)	4	15,000
892	FP01400022	C64	Nephro Uretrectomy	4	10,000
893	FP01400023	N20	Nephrolithotomy	3	15,000
894	FP01400024	N28	Nephropexy	2	9,000
895	FP01400025	N13	Nephrostomy	2	10,500
896	FP01400026	C64	Nephrourethrotomy (is it Nephrourethrectomy ?)	3	11,000
897	FP01400027	C67	Open Resection of Bladder Neck	2	7,500
898	FP01400028	N28	Operation for Cyst of Kidney	3	9,625
899	FP01400029	N28	Operation for Double Ureter	3	15,750
900	FP01400030	Q62	Fturp	3	12,250
901	FP01400031	S37	Operation for Injury of Bladder	3	12,250
902	FP01400032	C67	Partial Cystectomy	3	16,500
903	FP01400033	C64	Partial Nephrectomy	3	13,000
904	FP01400034	N20	PCNL (Percutaneous nephro lithotomy) - Biilateral	3	18,000
905	FP01400035	N20	PCNL (Percutaneous nephro lithotomy) - Unilateral	3	14,000
906	FP01400036	Q64	Post Urethral Valve	1	9,000
907	FP01400037	N20	Pyelolithotomy	3	13,500
908	FP01400038	N13	Pyeloplasty & Similar Procedures	3	12,500
909	FP01400039	C64	Radical Nephrectomy	3	13,000

910	FP01400040	N47	Reduction of Paraphimosis	D	1,500
911	FP01400041	N36	Reimplanation of Urethra	5	17,000
912	FP01400042	N32	Reimplantation of Bladder	5	17,000
913	FP01400043	N13	Reimplantation of Ureter	5	17,000
914	FP01400044	N82	Repair of Uretero Vaginal Fistula	2	12,000
915	FP01400045	N28	Repair of Ureterocele	3	10,000
916	FP01400046	N13	Retroperitoneal Fibrosis - Renal	5	26,250
917	FP01400047	C61	Retropubic Prostatectomy	4	15,000
918	FP01400048	K76	Spleno Renal Anastomosis	5	13,000
919	FP01400049	N35	Stricture Urethra	1	7,500
920	FP01400050	N40	Suprapubic Cystostomy - Open	2	3,500
921	FP01400051	N40	Suprapubic Drainage - Closed	2	3,500
922	FP01400052	N44	Torsion testis	1	3,500
923	FP01400053	N40	Trans Vesical Prostatectomy	2	15,750
924	FP01400054	N40	Transurethral Fulguration	2	4,000
925	FP01400055	D30	TURBT (Transurethral Resection of the Bladder Tumor)	3	15,000
926	FP01400056	N40	TURP + Circumcision	3	15,000
927	FP01400057	N41	TURP + Closure of Urinary Fistula	3	13,000
928	FP01400058	N40	TURP + Cystolithopexy	3	18,000
929	FP01400059	N40	TURP + Cystolithotomy	3	18,000
930	FP01400060	K60	TURP + Fistulectomy	3	15,000
931	FP01400061	N40	TURP + Cystoscopic Removal of Stone	3	12,000
932	FP01400062	C64	TURP + Nephrectomy	3	25,000
933	FP01400063	C61	TURP + Orchidectomy	3	18,000
934	FP01400064	N40	TURP + Suprapubic Cystolithotomy	3	15,000
935	FP01400065	C61	TURP + TURBT	3	15,000
936	FP01400066	N40	TURP + URS	3	14,000
937	FP01400067	N40	TURP + Vesicolithotripsy	3	15,000
938	FP01400068	N40	TURP + VIU (visual internal urethrotomy)	3	12,000
939	FP01400069	I84	TURP + Haemorrhoidectomy	3	15,000
940	FP01400070	N40	TURP + Hydrocele	3	18,000
941	FP01400071	N40	TURP + Hernioplasty	3	15,000
942	FP01400072	N40	TURP with Repair of Urethra	3	12,000
943	FP01400073		TURP + Herniorraphy	3	17,000
944	FP01400074	N40	TURP (Trans-Urethral Resection of Bladder)Prostate	3	14,250
945	FP01400075	K60	TURP + Fissurectomy	3	15,000
946	FP01400076	N40	TURP + Urethrolithotomy	3	15,000
947	FP01400077	N40	TURP + Urethral dilatation	3	15,000
948	FP01400078	N82	Uretero Colic Anastomosis	3	8,000
949	FP01400079	N20	Ureterolithotomy	3	10,000
950	FP01400080	N20	Ureteroscopic Calculi - Bilateral	2	18,000
951	FP01400081	N20	Ureteroscopic Calculi - Unilateral	2	12,000

952	FP01400082	N35	Ureteroscopy Urethroplasty	3	17,000
953	FP01400083	N20	Ureteroscopy PCNL	3	17,000
954	FP01400084	N20	Ureteroscopic stone Removal And DJ Stenting	3	9,000
955	FP01400085	N35	Urethral Dilatation	1	2,250
956	FP01400086		Urethral Injury	2	10,000
957	FP01400087	N81	Urethral Reconstuction	3	10,000
958	FP01400088	C53	Ureteric Catheterization - Cystoscopy	1	3,000
959	FP01400089	C67	Uretrostomy (Cutanie)	3	10,000
960	FP01400090	N20	URS + Stone Removal	3	9,000
961	FP01400091	N20	URS Extraction of Stone Ureter - Bilateral	3	15,000
962	FP01400092	N20	URS Extraction of Stone Ureter - Unilateral	3	10,500
963	FP01400093	N20	URS with DJ Stenting With ESWL	3	15,000
964	FP01400094		URS with Endolitholopexy	2	9,000
965	FP01400095	N20	URS with Lithotripsy	3	9,000
966	FP01400096	N20	URS with Lithotripsy with DJ Stenting	3	10,000
967	FP01400097	N21	URS+Cysto+Lithotomy	3	9,000
968	FP01400098	N82	V V F Repair	3	15,000
969	FP01400099	Q54	Hypospadias Repair and Orchiopexy	5	16,250
970	FP01400100	N13	Vesico uretero Reflux - Bilateral	3	13,000
971	FP01400101	N13	Vesico Uretero Reflux - Unilateral	3	8,750
972	FP01400102	N21	Vesicolithotomy	3	7,000
973	FP01400103	N35	VIU (Visual Internal Urethrotomy)	3	7,500
974	FP01400104	N21	VIU + Cystolithopexy	3	12,000
975	FP01400105	N43	VIU + Hydrocelectomy	2	15,000
976	FP01400106	N35	VIU and Meatoplasty	2	9,000
977	FP01400107	N35	VIU for Stricture Urethra	2	7,500
978	FP01400108	N35	VIU with Cystoscopy	2	7,500
979	FP01400109	N32	Y V Plasty of Bladder Neck	5	9,500
980	FP01400110		Drainage of Psoas Abscess	1	2,500
981	FP01400111		Operation for ectopic ureter	3	9,000
982	FP01400112		Repair of ureterocele - open	2	7,000
983	FP01400113		TURP + Cystolithotripsy	3	12,000
984	FP01400114		TURP with removal of the verical calculi	3	12,000
985	FP01400115		TURP with vesicolithotomy	3	12,000
986	FP01400116		Ureteroscopic removal of lower ureteric	2	9,000
987	FP01400117		Ureteroscopic removal of ureteric calculi	2	7,500
988	FP01400118		Varicocele	1	3,500
989	FP01400119		VIU + TURP	2	12,000
	15	**ONCOLOGY**			
990	FP01500001		Adenoma Excision	7	10,000
991	FP01500002	C74	Adrenalectomy - Bilateral	7	19,000
992	FP01500003	C74	Adrenalectomy - Unilateral	7	12,500

993	FP01500004	C00	Carcinoma lip - Wedge excision	5	7,000
994	FP01500005	C00-C97	Chemotherapy - Per sitting	D	1,000
995	FP01500006	D44	Excision Cartoid Body tumour	5	13,000
996	FP01500007	C56	Malignant ovarian	5	15,000
997	FP01500008		Operation for Neoblastoma	5	10,000
998	FP01500009	C16	Partial Subtotal Gastrectomy & Ulcer	7	15,000
999	FP01500010		Radiotherapy - Per sitting	D	1,500
1000	FP01500011		Chemotherapy - per siting plus cost of injections subject to approval for Insurance administrator	D	5,000
	16	**Other commonly used procedures**			
			Burn Dressing		
1001	FP01600001		Upto 30% burns first dressing	D	150
1002	FP01600002		Upto 30% burns subsequent dressing	D	100
1003	FP01600003		Snake bite	7	10,500
	17	**Neo Natal Care**			
1004	FP01700001		**Basic Package for Neo Natal Care** (Package for Babies admitted for short term care for conditions like: Transient tachypnoea of newborn, Mild birth asphyxia, Jaundice requiring phototherapy, Hemorrhagic disease of newborn, Large for date babies (>4000 gm) for observational care)	less than 3 days	3,000
1005	FP01700002		**Specialised Package for Neo Natal Care** (Package for Babies admitted with mild-moderate respiratory distress, Infections/sepsis with no major complications, Prolonged/persistent jaundice, Assisted feeding for low birth weight babies (<1800 gms), Neonatal seizures)	betwe en 3 to 8 days	5,500
1006	FP01700003		**Advanced Package for Neo Natal Care** (Low birth weight babies <1500 gm and all babies admitted with complications like Meningitis, Severe respiratory distress, Shock, Coma, Convulsions or Encephalopathy, Jaundice requiring exchange transfusion, NEC)	more than 8 days	12,000
	99	**Combined Packages**			

1007	FP09900001		Accessory bone - Excision + Acromion reconstruction		22,000
1008	FP09900002		Anorectoplasty + Appendicectomy		17,000
1009	FP09900003		Adeno tonsillectomy + Aural polypectomy		13,000
1010	FP09900004		Adhenolysis + Appendicectomy		20,000
1011	FP09900005		Clavicle Surgery + Closed reduction and internal fixation with K wire		21,000
1012	FP09900006		Bartholin abscess I & D + Cyst -Vaginal Enucleation		2,700
1013	FP09900007		Adhenolysis + Cystocele - Anterior repair		22,000
1014	FP09900008		Ablation of Endometrium + D&C (Dilatation & curretage)		6,000
1015	FP09900009		Haemorroidectomy + Fistulectomy		12,000
1016	FP09900010		Fracture - Humerus Internal Fixation + Fracture - Olecranon of Ulna		17,000
1017	FP09900011		Fracture - Fibula Internal Fixation + Fracture - TIBIA Internal Fixation		20,000
1018	FP09900012		Fracture - Radius Internal Fixation + Fracture - Ulna Internal Fixation		13,000
1019	FP09900013		Head radius - Excision + Fracture - Ulna Internal Fixation		19,000
1020	FP09900014		Septoplasty + Functional Endoscopic Sinus (FESS)		13,500
1021	FP09900015		Ablation of Endometrium + Hysterectomy - abdominal		12,500
1022	FP09900016		Oophrectomy + Hysterectomy - abdominal		13,000
1023	FP09900017		Ovarian Cystectomy + Hysterectomy - abdominal		13,000
1024	FP09900018		Salpingoophrectomy + Hysterectomy - abdominal		13,500
1025	FP09900019		Hysterectomy (Abdominal and Vaginal) + Cystocele - Anterior Repair		15,000
1026	FP09900020		Hysterectomy (Abdominal and Vaginal) + Perineal Tear Repair		11,000
1027	FP09900021		Hysterectomy (Abdominal and Vaginal) + Salpingoophrectomy		13,750
1028	FP09900022		Cystocele - Anterior Repair + Perineal Tear Repair		11,500
1029	FP09900023		Cystocele - Anterior Repair + Salpingoophrectomy		15,000
1030	FP09900024		Perineal Tear Repair + Salpingoophrectomy		6,000
1031	FP09900025		Hysterectomy (Abdominal and Vaginal) + Cystocele - Anterior Repair + Perineal Tear Repair		16,000
1032	FP09900026		Hysterectomy (Abdominal and Vaginal) + Cystocele - Anterior Repair + Salpingoophrectomy		18,000

1033	FP09900027		Hysterectomy (Abdominal and Vaginal) + Cystocele - Anterior Repair + Perineal Tear Repair + Salpingoophrectomy		19,500
1034	FP09900028		Cystocele - Anterior Repair + Perineal Tear Repair + Salpingoophrectomy		13,500
	999	**Unspecified Package**			
1035	FP99900000		For All the Unspecified packages in case of surgical interventions		
	18	**MEDICAL (General Ward)**			
1036	FP01800001	A15	Respiratory tuberculosis, bacteriologically and histologically confirmed		
1037	FP01800002	B15	Acute hepatitis A		
1038	FP01800003	B16	Acute hepatitis B		
1039	FP01800004	B17	Other acute viral hepatitis		
1040	FP01800005	B18	Chronic viral hepatitis		
1041	FP01800006	B19	Unspecified viral hepatitis		
1042	FP01800007	A09	Diarrhoea and gastroenteritis of presumed infectious origin		
1043	FP01800008	A08	Viral and other specified intestinal infections		
1044	FP01800009	A04	Other bacterial intestinal infections		
1045	FP01800010	A05	Other bacterial foodborne intoxications, not elsewhere classified		
1046	FP01800011	A90	Dengue fever [classical dengue		
1047	FP01800012	A91	Dengue haemorrhagic fever		
1048	FP01800013	B50	Plasmodium falciparum malaria		
1049	FP01800014	B51	Plasmodium vivax malaria		
1050	FP01800015	B52	Plasmodium malariae malaria		
1051	FP01800016	B53	Other parasitologically confirmed malaria		
1052	FP01800017	B54	Unspecified malaria		
1053	FP01800018	A01	Typhoid and paratyphoid fevers		
1054	FP01800019	I10	Essential (primary) hypertension		
1055	FP01800020	J45	Asthma		
1056	FP01800021	J12	Viral pneumonia, not elsewhere classified		
1057	FP01800022	J13	Pneumonia due to Streptococcus pneumoniae		
1058	FP01800023	J14	Pneumonia due to Haemophilus influenzae		
1059	FP01800024	J15	Bacterial pneumonia, not elsewhere classified		
1060	FP01800025	J16	Pneumonia due to other infectious organisms, not elsewhere classified		
1061	FP01800026	J17*	Pneumonia in diseases classified elsewhere		
1062	FP01800027	J18	Pneumonia, organism unspecified		

1063	FP01800028	O13	Gestational [pregnancy-induced] hypertension without significant proteinuria		
1064	FP01800029	O14	Gestational [pregnancy-induced] hypertension with significant proteinuria		
1065	FP01800030	O14	Pneumothorax		
1066	FP01800031	A09	Diarrhoea and gastroenteritis of presumed infectious origin		
1067	FP01800032	I60	Subarachnoid haemorrhage		
1068	FP01800033	I61	Intracerebral haemorrhage		
1069	FP01800034	I62	Other nontraumatic intracranial haemorrhage		
1070	FP01800035	I63	Cerebral infarction		
1071	FP01800036	I64	Stroke, not specified as haemorrhage or infarction		
1072	FP01800037	J40	Bronchitis, not specified as acute or chronic		
1073	FP01800038	J41	Simple and mucopurulent chronic bronchitis		
1074	FP01800039	J42	Unspecified chronic bronchitis		
1075	FP01800040	J43	Emphysema		
1076	FP01800041	J44	Other chronic obstructive pulmonary disease		
1077	FP01800042	N10	Acute tubulo-interstitial nephritis		
1078	FP01800043	N17	Acute renal failure		
1079	FP01800044	P58	Neonatal jaundice due to other excessive haemolysis		
1080	FP01800045	P59	Neonatal jaundice from other and unspecified causes		
1081	FP01800046	I33	Acute and subacute endocarditis		
1082	FP01800047	A87	Viral meningitis		
1083	FP01800048	A06	Amoebiasis		
1084	FP01800049	E10	Insulin-dependent diabetes mellitus		
1085	FP01800050	E11	Non-insulin-dependent diabetes mellitus		
1086	FP01800051	E12	Malnutrition-related diabetes mellitus		
1087	FP01800052	E13	Other specified diabetes mellitus		
1088	FP01800053	E14	Unspecified diabetes mellitus		
1089	VP01800999		General Ward- Unspecified	per day	500
1090	VP01801000		General Ward- ICU	per day	1000

More common interventions/procedures can be added by the insurer under specific system columns.

Appendix 4– Guidelines for Smart Card and other IT Infrastructure under RSBY

1. Introduction:

These guidelines provide in brief the technical specifications of the smart card, devices & infrastructure to be used under RSBY. The standardization is intended to serve as a reference, providing state government agencies with guidance for implementing an interoperable smart card based cashless health insurance programme.

While the services are envisaged by various agencies, the ownership of the project and thereby that of complete data – whether captured or generated as well as that of smart cards lies with the Government of India, Ministry of Labour and Employment / MoHFW.

In creating a common health insurance card across India, the goals of the smart health insurance card program are to:

- Allow verifiable & non repuditable identification of the health insurance beneficiary at point of transaction.
- Validation of available insurance cover at point of transaction without any documents
- Support multi-vendor scenario for the scheme
- Allow usage of the health insurance card across states and insurance providers

This document pertains to the stakeholders, tasks and specifications related to the Smart Card system only. It does not cover any aspect of other parts of the scheme. The stakeholders need to determine any other requirements for completion of the specified tasks on their own even if they may not be defined in this document.

2. Enrolment station

2.1. Components

Though three separate kinds of stations have been mentioned below, it is possible to club all these functionalities into a single workstation or have a combination of workstations perform these functionalities (2 or more enrollment stations, 1 printing station and 1 issuance station). The number of stations will be purely dependent on the load expected at the location.

The minimum requirements from each station are mentioned below:

The team should carry additional power back up in the event that electricity is not available for some time at site.

a. Common components

i. Windows XP (all service packs) or above

ii. Post Gres database

iii. Certified enrolment, personalisation & issuance software

iv. Data backup facility

b. Enrolment station components

i. Computer with power backup for at least 8 hours

ii. 1 Optical biometric scanner for fingerprint capture

iii. 1 VGA camera for photograph capture

c. Personalisation station components

i. Computer with power backup for at least 8 hours

ii. 2 PCSC compliant smart card readers (for FKO card & split card)

iii. Smart card printer with smart card encoder

d. Issuance station components

i. Computer with power backup for at least 8 hours

ii. 2 PCSC compliant smart card readers (1 for FKO card, 1 for Beneficiary card,)

iii. 1 Optical Fingerprint scanner (for verification of FKO & beneficiary)

2.2. **Specifications for hardware**

a. Computer

i. Capable of supporting all devices as mentioned above

b. Fingerprint Scanner

i. The Fingerprint capture device at enrollment as well as verification should be single finger type.
ii. Kindly refer to the document "fingerprint_image_data_standard_ver.1.0 (2)" through the website www.egovstandards.gov.in. All specifications confirming to "Setting level 31" would be applicable for RSBY related enrollment and verification.
iii. The images should be stored in png format
iv. It is advisable that the best practices suggested in the document should be followed

c. Camera

i. Sensor: High quality VGA
ii. Still Image Capture: min 1.3 mexapixels (software enhanced). Native resolution is 640 x 480
iii. Automatic adjustment for low light conditions

d. Smart Card Reader

i. PCSC compliant
ii. Read and write all microprocessor cards with T=0 and T=1 protocols

e. Smart card printer

i. Supports colour dye sublimation and monochrome thermal transfer
ii. Edge to edge printing standard
iii. Prints at least 150 cards/ hour in full color and up to 750 cards an hour in monochrome
iv. Minimum printing resolution of 300 dpi
v. Automatic and manual feeder for card loading
vi. USB Connectivity
vii. Printer Should have hardware/software protection to disallow unauthorized usage of Printer
viii. Inbuilt encoding unit to personalize Contact cards in a single pass
ix. Compatible to microprocessor chip personalization
x. Smart card printing ribbon as required

Note: The enrollment stations due to the nature of work involved need to be mobile and work under rural & rugged terrain. This should be of prime consideration while selecting the hardware matching the specifications given above.

3. Smart Cards

3.1. Specifications for Smart Cards

Card Operating System shall comply with SCOSTA standards ver.1.2b with latest addendum and errata (refer web site http://scosta.gov.in). The Smart Cards to be used must have the valid SCOSTA Compliance Certificate from National Informatics Center, New Delhi (refer http://scosta.gov.in). The exact smart card specifications are listed as below.

a. SCOSTA Card

a. Microprocessor based Integrated Circuit(s) card with Contacts, with minimum **64 Kbytes** available EEPROM for application data or enhanced available EEPROM as per guidelines issued by MoHFW.

b. Compliant with **ISO/IEC 7816-1,2,3**

c. Compliant to **SCOSTA 1.2b Dt. 15 March 2002** with latest addendum and errata

d. Supply Voltage 3V nominal.

e. Communication Protocol T=0 or T=1.

f. Data Retention minimum 10 years.

g. Write cycles minimum 100,000 numbers.

h. Operating Temperature Range –25 to +55 Degree Celsius.

i. Plastic Construction PVC or Composite with ABS with PVC overlay.

j. Surface – Glossy.

3.2. **Card layout**

The detailed visual & machine readable card layout including the background image to be used is available on the website www.rsby.gov.in. It is mandatory to follow these guidelines for physical personalization of the RSBY beneficiary card.
For the chip personalization, detailed specification has been provided in the RSBY KMS document available on the website www.rsby.gov.in. Along with these NIC has issued specific component for personalization. It is mandatory to follow these specifications and use the prescribed component provided by NIC.

3.3. **Cardholder authentication**

- The cardholder would be authenticated based on their finger impression at the time of verification at the time of transaction as well as card reissuance or renewal.
- The authentication is 1:1 i.e. the fingerprint captured live of the member is compared with the one stored in the smart card.
- In case of new born child, when maternity benefit is availed under RSBY, the child shall be authenticated through fingerprint of any of the enrolled members on the card.
- In case of fingerprint verification failure, verification by any other authentic document or the photograph in the card may be done at the time of admission. By the time of discharge, the hospital/ smart card service provider should ensure verification using the smart card.

4. Software

The insurer must develop or procure the STQC certified Enrollment and Card Issuance software at their own cost. Software for conducting transactions at hospitals and managing any changes to the cards at the District kiosk will be the one provided/authorised by MoHFW. In addition, the Insurer would have to provide all the hardware and licensed software (database, operating system, etc) required to carry out the operations as per requirement at the agreed points for enrollment and card issuance. For the transaction points at hospitals and District kiosk, the cost would be borne as per terms of the tender.

Any software required by the Insurer apart from the ones being provided by MoHFW would have to be developed or procured by the Insurer at their own cost.

5. Mobile Handheld Smart Card Device

These devices are standalone devices capable of reading & updating smart cards based on the programmed business logic and verifying live fingerprints against those stored on a smart card. These devices do not require a computer or a permanent power source for transacting.

These devices could be used for

- Renewal of policy when no modification is required to the card
- Offline verification and transacting at hospitals or mobile camps in case computer is not available.

The main features of these devices are:

- Reading and updating microprocessor smart cards
- Fingerprint verification
- They should be programmable with inbuilt security features to secure against tampering.
- Memory for data storage
- Capable of printing receipts without any external interface
- Capable of data transfer to personal computers and over GPRS, phone line
- Secure Application loading – Application loading to be secure using KEYs
- Rechargeable batteries

Specifications

- At least 2 Full size smart card reader and one SAM slot
- Display
- Keypad for functioning the application
- Integrated Printer
- Optical biometric verification capability with similar specifications as mentioned for Fingerprint scanners above in the hardware section
    - Allowing 1:1 search in the biometric module
    - Capability to connect to PC, telephone, modem, GPRS or any other

mode of data transfer

- PCI Compliance

6. PC based Smart Card Device

Where Computers are being used for transactions, additional devices would be attached to these computers. The computer would be loaded with the certified transaction software. The devices required for the system would be

6.1. Optical biometric scanner for fingerprint verification (specifications as mentioned for fingerprint devices in hardware section)

6.2. Smart card readers

2 Smart card readers would be required for each device, One each for hospital authority and beneficiary card

- PCSC compliant
- Read and write all microprocessor cards with T=0 and T=1 protocols

Other devices like printer, modem, etc may be required as per software. The same would be specified by the insurance company at the time of empanelling the hospital.

Appendix 5 – Draft MoU between Insurance Company and the Hospital

Service Agreement

Between

(Insert Name of the Hospital)

and

_____Insurance Company Limited

This Agreement (Hereinafter referred to as "Agreement") made at _____on this _____day of _____20__.

BETWEEN

_____(Hospital) an institution located in _____, having their registered office at _____ (here in after referred to as "Hospital", which expression shall, unless repugnant to the context or meaning thereof, be deemed to mean and include it's successors and permitted assigns) as party of the FIRST PART

AND

_____ Insurance Company Limited, a Company registered under the provisions of the Companies Act, 1956 and having its registered office _____ (hereinafter referred to as "Insurer" which expression shall, unless repugnant to the context or meaning thereof, be deemed to mean and include it's successors, affiliate and assigns) as party of the SECOND PART.

The (hospital) and Insurer are individually referred to as a "Party" or "party" and collectively as "Parties" or "parties")

WHEREAS

1. Hospital is a health care provider duly recognized and authorized by appropriate authorities to impart heath care services to the public at large.
2. Insurer is registered with Insurance Regulatory and Development Authority to conduct general insurance business including health insurance services. Insurer has entered into an agreement with the Government of _____ wherein it has agreed to provide the health insurance services to identified Beneficiary families covered under Rashtriya Swasthya Bima Yojana.
3. Hospital has expressed its desire to join Insurer's network of hospitals and has represented that it has requisite facilities to extend medical facilities and treatment to beneficiaries as covered under RSBY Policy on terms and conditions herein agreed.
4. Insurer has on the basis of desire expressed by the hospital and on its representation agreed to empanel the hospital as empanelled provider for rendering complete health services.

In this **AGREEMENT**, unless the context otherwise requires:

1. the masculine gender includes the other two genders and vice versa;
2. the singular includes the plural and vice versa;
3. natural persons include created entities (corporate or incorporate) and vice versa;
4. marginal notes or headings to clauses are for reference purposes only and do not bear upon the interpretation of this **AGREEMENT**.
5. should any condition contained herein, contain a substantive condition, then such substantive condition shall be valid and binding on the **PARTIES** notwithstanding the fact that it is embodied in the definition clause.

In this **AGREEMENT** unless inconsistent with, or otherwise indicated by the context, the following terms shall have the meanings assigned to them hereunder, namely:

Definition

A. **Institution** shall for all purpose mean a Hospital.

B. **Health Services** shall mean all services necessary or required to be rendered by the Institution under an agreement with an insurer in connection with "health insurance business" or "health cover" as defined in regulation 2(f) of the IRDA (Registration of Indian Insurance Companies) Regulations, 2000 but does not include the business of an insurer and or an insurance intermediary or an insurance agent.

C. **Beneficiaries** shall mean the person/s that are covered under the RSBY health insurance scheme of Government of India and holds a valid smart card issued for RSBY.

D. **Confidential Information** includes all information (whether proprietary or not and whether or not marked as 'Confidential') pertaining to the business of the Company or any of its subsidiaries, affiliates, employees, Companies, consultants or business associates to which the Institution or its employees have access to, in any manner whatsoever.

E. **Smart Card** shall mean Identification Card for BPL beneficiaries and other non-BPL beneficiaries (if applicable) issued under Rashtriya Swasthya Bima Yojana by the Insurer as

per specifications given by Government. See Annexure 2 for details.

NOW IT IS HEREBY AGREED AS FOLLOWS:

Article 1:
Term

This Agreement shall be for a period of ____ years. However, it is understood and agreed between the Parties that the term of this agreement may be renewed yearly upon mutual consent of the Parties in writing, either by execution of a Supplementary Agreement or by exchange of letters.

Article 2: Scope of services

1. The hospital undertakes to provide the service in a precise, reliable and professional manner to the satisfaction of Insurer and in accordance with additional instructions issued by Insurer in writing from time to time.

2. The hospital shall treat the beneficiaries of RSBY according to good business practice.

3. The hospital will extend priority admission facilities to the beneficiaries of the client, whenever possible.

4. The hospital shall provide packages for specified interventions/ treatment to the beneficiaries as per the rates mentioned in Annexure III. It is agreed between the parties that the package will include:

   The charges for medical/ surgical procedures/ interventions under the Benefit package will be no more than the package charge agreed by the Parties, for that particular year. In the case of medical conditions, a flat per day rate will be paid depending on whether the patient is admitted in general or ICU.

These package rates (in case of surgical) or flat per day rate (in case of medical) will include:

a. Registration Charges
b. Bed charges (General Ward in case of surgical),
c. Nursing and Boarding charges,
d. Surgeons, Anesthetists, Medical Practitioner, Consultants fees etc.
e. Anesthesia, Blood, Oxygen, O.T. Charges, Cost of Surgical Appliances etc, f. Medicines and Drugs,
g. Cost of Prosthetic Devices, implants,
h. X-Ray and other Diagnostic Tests etc,
i. Food to patient
j. Expenses incurred for consultation, diagnostic test and medicines up to 1 day before the admission of the patient and cost of diagnostic test and medicine up to 5 days of the discharge from the hospital for the same ailment / surgery
k. Transportation Charge of Rs. 100/- (payable to the beneficiary at the time of discharge in cash by the hospital).
l. Any other expenses related to the treatment of the patient in the hospital.

5. The Hospital shall ensure that medical treatment/facility under this agreement should be provided with all due care and accepted standards is extended to the beneficiary.

6. The Hospital shall allow Insurance Company official to visit the beneficiary. Insurer shall not interfere with the medical team of the hospital, however Insurer reserves the right to discuss the treatment plan with treating doctor. Further access to medical treatment records and bills prepared in the hospital will be allowed to Insurer on a case to case basis with prior appointment from the hospital.

7. The Hospital shall also endeavor to comply with future requirements of Insurer to facilitate better services to beneficiaries e.g providing for standardized billing, ICD coding or etc and if mandatory by statutory requirement both parties agree to review the same.

8. The Hospital agrees to have bills audited on a case to case basis as and when necessary through Insurer audited team. This will be done on a pre agreed date and time and on a regular

basis.

9. The hospital will convey to its medical consultants to keep the beneficiary only for the required number of days of treatment and carry only the required investigation & treatment for the ailment, which he is admitted. Any other incidental investigation required by the patient on his request needs to be approved separately by Insurer and if it is not covered under Insurer policy will not be paid by Insurer and the hospital needs to recover it from the patient

Article 3:

Identification of Beneficiaries

1. Smart Cards would be the proof of the eligibility of beneficiaries for the purpose of the scheme. The beneficiaries will be identified by the hospital on the basis of smart card issued to them**.** The smart card shall have the photograph and finger print details of the beneficiaries. The smart card would be read by the smart card reader. The patients/ relative's finger prints would also be captured by the bio metric scanner. The POS machine will identify a person if the finger prints match with those stored on the card. In case the patient is not in a position to give fingerprint, any other member of the family who is enrolled under the scheme can verify the patient's identity by giving his/ her fingerprint.

2. The Hospital will set up a Help desk for RSBY beneficiaries. The desk shall be easily accessible and will have all the necessary hardware and software required to identify the patients.

3. For the ease of the beneficiary, the hospital shall display the recognition and promotional material, network status, and procedures for admission supplied by Insurer at prominent location, including but not limited to outside the hospital, at the reception and admission counter and Casualty/ Emergency departments. The format for sign outside the hospital and at the reception counter will be provided by the Insurance Company.

4. It is agreed between the parties that having implemented smart cards, in case due to technological issues causing interruption in implementing, thereby causing interruption in continuous servicing, there shall be a migration to manual heath cards, as provided by the vendor specified by Insurer, and corresponding alternative servicing process for which the hospital shall extend all cooperation.

Article 4:

Hospital Services- Admission Procedure

1. Planned Admission
   It is agreed between the parties that on receipt of request for hospitalization on behalf of the beneficiary the process to be followed by the hospital is prescribed in Annexure I.

2. Emergency admission

   2.1. The Parties agree that the Hospital shall admit the Beneficiary (ies) in the case of emergency but the smart card will need to be produced and authenticated within 24 hours of the admission.

   2.2. Hospital upon deciding to admit the Beneficiary should inform/ intimate over phone immediately to the 24 hours Insurer's helpdesk or the local/ nearest Insurer office.

   2.3. The data regarding admission shall be sent electronically to the server of the insurance company

   2.4. If the package selected for the beneficiary is already listed in the package list then no pre-authorization will be needed from the Insurance Company.

   2.5. If the treatment to be provided is not part of the package list then hospital will need to get the pre-authorisation from the Insurance Company as given in part 2 of Annexure 1.

   2.6. On receipt of the preauthorization form from the hospital giving the details of the ailments for admission and the estimated treatment cost, which is to be forwarded within 12 hours of admission, Insurer undertakes to issue the confirmation letter for the admissible amount within 12 hours of the receipt of the preauthorization form subject to policy terms & conditions.

2.7. In case the ailment is not covered or given medical data is not sufficient for the medical team to confirm the eligibility, Insurer can deny the guarantee of payment, which shall be addressed, to the Insured under intimation to the Hospital. The hospital will have to follow their normal practice in such cases.

2.8. Denial of Authorization/ guarantee of payment in no way mean denial of treatment. The hospital shall deal with each case as per their normal rules and regulations.

2.9. Authorization certificate will mention the amount guaranteed class of admission, eligibility of beneficiary or various sub limits for rooms and board, surgical fees etc. wherever applicable. Hospital must take care to ensure compliance.

2.10. The guarantee of payment is given only for the necessary treatment cost of the ailment covered and mentioned in the request for hospitalization. Any investigation carried out at the request of the patient but not forming the necessary part of the treatment also must be collected from the patient.

2.11. In case the sum available is considerably less than the estimated treatment cost, Hospital should follow their normal norms of deposit/ running bills etc., to ensure that they realize any excess sum payable by the beneficiaries not provided for by indemnity.

Article 5:
Checklist for the hospital at the time of Patient Discharge.

1. Original discharge summary, counterfoil generated at the time of discharge, original investigation reports, all original prescription & pharmacy receipt etc. must not be given to the patient. These are to be forwarded to billing department of the hospital who will compile and keep the same with the hospital.

2. The Discharge card/Summary must mention the duration of ailment and duration of other disorders like hypertension or diabetes and operative notes in case of surgeries.

3. Signature or thumb impression of the patient/ beneficiary on final hospital bill must be obtained.

Article 6:
Payment terms

1. Hospital will submit online claim report along with the discharge summary in accordance with the rates as prescribed in the Annexure __ on a daily basis.
2. The Insurer will have to take a decision and settle the Claim within one month. In case the insurer decides to reject the claim then that decision also will need to be taken within one month.
3. However if required, Insurer can visit hospital to gather further documents related to treatment to process the case.
4. Payment will be done by Electronic Fund Transfer as far as possible.

Article 7:
Declarations and Undertakings of a hospital

1. The hospital undertakes that they have obtained all the registrations/ licenses/ approvals required by law in order to provide the services pursuant to this agreement and that they have the skills, knowledge and experience required to provide the services as required in this agreement.

2. The hospital undertakes to uphold all requirement of law in so far as these apply to him and in accordance to the provisions of the law and the regulations enacted from time to time, by the local bodies or by the central or the state govt. The hospital declares that it has never committed a criminal offence which prevents it from practicing medicines and no criminal charge has been established against it by a court of competent jurisdiction.

Article 8:
General responsibilities & obligations of the Hospital

1. Ensure that no confidential information is shared or made available by the hospital or any person associated with it to any person or entity not related to the hospital without prior written consent of Insurer.

2. The hospital shall provide cashless facility to the beneficiary in strict adherence to the provisions of the agreement.

3. The hospital will have his facility covered by proper indemnity policy including errors, omission and professional indemnity insurance and agrees to keep such policies in force during entire tenure of the MoU. The cost/ premium of such policy shall be borne solely by the hospital.

4. The Hospital shall provide the best of the available medical facilities to the beneficiary.

5. The Hospital shall endeavor to have an officer in the administration department assigned for insurance/contractual patient and the officers will eventually learn the various types of medical benefits offered under the different insurance plans.

6. The Hospital shall to display their status of preferred service provider of RSBY at their reception/ admission desks along with the display and other materials supplied by Insurer whenever possible for the ease of the beneficiaries.

7. The Hospital shall at all times during the course of this agreement maintain a helpdesk to manage all RSBY patients. This helpdesk would contain the following:
   a. Facility of telephone
   b. Facility of fax machine
   c. PC Computer
   d. Internet/ Any other connectivity to the Insurance Company Server
   e. PC enabled POS machine with a biometric scanner to read and manage smart card transactions to be purchased at a pre negotiated price from the vendor specified by Insurer. The maintenance of the same shall be responsibility of the vendor specified by Insurer.
   f. A person to man the helpdesk at all times.
   g. Get Two persons in the hospital trained

The above should be installed within 15 days of signing of this agreement. The hospital also needs to inform and train personnel on the handling of POS machine and also on the process of obtaining Authorization for conditions not covered under the list of packages, and have a manned helpdesk at their reception and admission facilities for aiding in the admission procedures for beneficiaries of RSBY Policy.

Article 9:
General responsibilities of Insurer

Insurer has a right to avail similar services as contemplated herein from other institution for the Health services covered under this agreement.

Article 10: Relationship of the Parties

Nothing contained herein shall be deemed to create between the Parties any partnership, joint venture or relationship of principal and agent or master and servant or employer and employee or any affiliate or subsidiaries thereof. Each of the Parties hereto agree not to hold itself or allow its directors employees/agents/representatives to hold out to be a principal or an agent, employee or any subsidiary or affiliate of the other.

Article 11 Reporting

In the first week of each month, beginning from the first month of the commencement of this Agreement, the hospital and Insurer shall exchange information on their experiences during the month

and review the functioning of the process and make suitable changes whenever required. However, all such changes have to be in writing and by way of suitable supplementary agreements or by way of exchange of letters.

All official correspondence, reporting, etc pertaining to this Agreement shall be conducted with Insurer at its corporate office at the address _____.

Article 12:
Termination

1. Insurer reserves the right to terminate this agreement as per the guidelines issued by Ministry of Labour and Employment, Government of India as given in Annexure __:

2. This Agreement may be terminated by either party by giving one month's prior written notice by means of registered letter or a letter delivered at the office and duly acknowledged by the other, provided that this Agreement shall remain effective thereafter with respect to all rights and obligations incurred or committed by the parties hereto prior to such termination.

3. Either party reserves the right to inform public at large along with the reasons of termination of the agreement by the method which they deem fit.

Article 13:
Confidentiality

This clause shall survive the termination/expiry of this Agreement.

1. Each party shall maintain confidentiality relating to all matters and issues dealt with by the parties in the course of the business contemplated by and relating to this agreement. The Hospital shall not disclose to any third party, and shall use its best efforts to ensure that its, officers, employees, keep secret all information disclosed, including without limitation, document marked confidential, medical reports, personal information relating to insured, and other unpublished information except as maybe authorized in writing by Insurer. Insurer shall not disclose to any third party and shall use its best efforts to ensure that its directors, officers, employees, sub-contractors and affiliates keep secret all information relating to the hospital including without limitation to the hospital's proprietary information, process flows, and other required details.

2. In Particular the hospital agrees to:

   a) Maintain confidentiality and endeavour to maintain confidentiality of any persons directly employed or associated with health services under this agreement of all information received by the hospital or such other medical practitioner or such other person by virtue of this agreement or otherwise, including Insurer's proprietary information, confidential information relating to insured, medicals test reports whether created/ handled/ delivered by the hospital. Any personal information relating to a Insured received by the hospital shall be used only for the purpose of inclusion/preparation/finalization of medical reports/ test reports for transmission to Insurer only and shall not give or make available such information/ any documents to any third party whatsoever.

   b) Keep confidential and endeavour to maintain confidentiality by its medical officer, employees, medical staff, or such other persons, of medical reports relating to Insured, and that the information contained in these reports remains confidential and the reports or any part of report is not disclosed/ informed to the Insurance Agent / Advisor under any circumstances.

   c) Keep confidential and endeavour to maintain confidentiality of any information relating to Insured, and shall not use the said confidential information for research, creating comparative database, statistical analysis, or any other studies without appropriate previous authorization from Insurer and through Insurer from the Insured.

Article 14:
Indemnities and other Provisions

1. Insurer will not interfere in the treatment and medical care provided to its beneficiaries. Insurer

will not be in any way held responsible for the outcome of treatment or quality of care provided by the provider.

2. Insurer shall not be liable or responsible for any acts, omission or commission of the Doctors and other medical staff of the hospital and the hospital shall obtain professional indemnity policy on its own cost for this purpose. The Hospital agrees that it shall be responsible in any manner whatsoever for the claims, arising from any deficiency in the services or any failure to provide identified service

3. Notwithstanding anything to the contrary in this agreement neither Party shall be liable by reason of failure or delay in the performance of its duties and obligations under this agreement if such failure or delay is caused by acts of God, Strikes, lock-outs, embargoes, war, riots civil commotion, any orders of governmental, quasi-governmental or local authorities, or any other similar cause beyond its control and without its fault or negligence.

4. The hospital will indemnify, defend and hold harmless the Insurer against any claims, demands, proceedings, actions, damages, costs, and expenses which the company may incur as a consequence of the negligence of the former in fulfilling obligations under this Agreement or as a result of the breach of the terms of this Agreement by the hospital or any of its employees or doctors or medical staff.

Article 15:
Notices

All notices, demands or other communications to be given or delivered under or by reason of the provisions of this Agreement will be in writing and delivered to the other Party:

a. By registered mail;
b. By courier;
c. By facsimile;

In the absence of evidence of earlier receipt, a demand or other communication to the other Party is deemed given

- If sent by registered mail, seven working days after posting it; and
- If sent by courier, seven working days after posting it; and
- If sent by facsimile, two working days after transmission. In this case, further confirmation has to be done via telephone and e-mail.

The notices shall be sent to the other Party to the above addresses (or to the addresses which may be provided by way of notices made in the above said manner):

-if to the hospital:

Attn: ……
Tel : ……..
Fax: ……..

-if to _____

_____insurance Company Limited
_____
_____
_____

Article 16
Miscellaneous

1. This Agreement together with any Annexure attached hereto constitutes the entire Agreement between the parties and supersedes, with respect to the matters regulated herein, and all other mutual understandings, accord and agreements, irrespective of their form between the parties. Any annexure shall constitute an integral part of the Agreement.

2. Except as otherwise provided herein, no modification, amendment or waiver of any provision of this Agreement will be effective unless such modification, amendment or waiver is approved in writing by the parties hereto.

3. Should specific provision of this Agreement be wholly or partially not legally effective or unenforceable or later lose their legal effectiveness or enforceability, the validity of the remaining provisions of this Agreement shall not be affected thereby.

4. The hospital may not assign, transfer, encumber or otherwise dispose of this Agreement or any interest herein without the prior written consent of Insurer, provided whereas that the Insurer may assign this Agreement or any rights, title or interest herein to an Affiliate without requiring the consent of the hospital.

5. The failure of any of the parties to insist, in any one or more instances, upon a strict performance of any of the provisions of this Agreement or to exercise any option herein contained, shall not be construed as a waiver or relinquishment of such provision, but the same shall continue and remain in full force and effect.

6. The hospital will indemnify, defend and hold harmless the Insurer against any claims, demands, proceedings, actions, damages, costs, and expenses which the latter may incur as a consequence of the negligence of the former in fulfilling obligations under this Agreement or as a result of the breach of the terms of this Agreement by the hospital or any of its employees/doctors/other medical staff.

7. Law and Arbitration

a. The provisions of this Agreement shall be governed by, and construed in accordance with Indian law.

b. Any dispute, controversy or claims arising out of or relation to this Agreement or the breach, termination or invalidity thereof, shall be settled by arbitration in accordance with the provisions of the (Indian) Arbitration and Conciliation Act, 1996.

c. The arbitral tribunal shall be composed of three arbitrators, one arbitrator appointed by each Party and one another arbitrator appointed by the mutual consent of the arbitrators so appointed.

d. The place of arbitration shall be _____ and any award whether interim or final, shall be made, and shall be deemed for all purposes between the parties to be made, in _____.

e. The arbitral procedure shall be conducted in the English language and any award or awards shall be rendered in English. The procedural law of the arbitration shall be Indian law.

f. The award of the arbitrator shall be final and conclusive and binding upon the Parties, and the Parties shall be entitled (but not obliged) to enter judgement thereon in any one or more of the highest courts having jurisdiction.

g. The rights and obligations of the Parties under, or pursuant to, this Clause including the arbitration agreement in this Clause, shall be governed by and subject to Indian law.

h. The cost of the arbitration proceeding would be born by the parties on equal sharing basis.

NON – EXCLUSIVITY

A. Insurer reserves the right to appoint any other provider for implementing the packages envisaged herein and the provider shall have no objection for the same.

8. Severability

The invalidity or unenforceability of any provisions of this Agreement in any jurisdiction shall not affect the validity, legality or enforceability of the remainder of this Agreement in such jurisdiction or the validity, legality or enforceability of this Agreement, including any such provision, in any other jurisdiction, it being intended that all rights and obligations of the Parties hereunder shall be enforceable to the fullest extent permitted by law.

9. Captions

The captions herein are included for convenience of reference only and shall be ignored in the construction or interpretation hereof.

SIGNED AND DELIVERED BY the hospital.- the within named_____, by the Hand of _____its Authorised Signatory

In the presence of:

SIGNED AND DELIVERED BY _____ INSURANCE COMPLAY LIMITED, the within named _____, by the hand of _____it's Authorised Signatory

In the presence of:

Annex I

Hospital Services- Admission Procedure

Case 1: Package covered and sufficient funds available

1.1. Beneficiary approaches the RSBY helpdesk at the network hospital of Insurer.
1.2. Helpdesk verifies that beneficiary has genuine card issued under RSBY (Key authentication) and that the person carrying the card is enrolled (fingerprint matching).
1.3. After verification, a slip shall be printed giving the person's name, age and amount of Insurance cover available.
1.4. The beneficiary is then directed to a doctor for diagnosis.
1.5. Doctor shall issue a diagnosis sheet after examination, specifying the problem, examination carried out and line of treatment prescribed.
1.6. The beneficiary approaches the RSBY helpdesk along with the diagnostic sheet.
1.7. The help desk shall re-verify the card & the beneficiary and select the package under which treatment is to be carried out. Verification is to be done preferably using patient fingerprint, only in situations where it is not possible for the patient to be verified, it can be done by any family member enrolled in the card.
1.8. The terminal shall automatically block the corresponding amount on the card.
1.9. In case during treatment, requirement is felt for extension of package or addition of package due to complications, the patient or any other family member would be verified and required package selected. This would ensure that the Insurance Company is apprised of change in claim. The availability of sufficient funds is also confirmed thereby avoiding any such confusion at time of discharge.
1.10. Thereafter, once the beneficiary is discharged, the beneficiary shall again approach the helpdesk with the discharge summary.
1.11. After card & beneficiary verification, the discharge details shall be entered into the terminal.
1.12. In case the treatment is covered, beneficiary may claim the transport cost from the help desk by submitting ticket/ receipt for travel
1.13. In case treatment of one family member is under way when the card is required for treatment of another member, the software shall consider the insurance cover available after deducting the amount blocked against the package.
1.14. Due to any reason if the beneficiary does not avail treatment at the hospital after the amount is blocked the RSBY helpdesk would need to unblock the amount.

Case 2: In case of packages not covered under the scheme

2.1. Hospital shall take Authorization from Insurance companies in case of package not covered under the RSBY scheme.
2.2. Steps from 1.1 to 1.7
2.3. In case the line of treatment prescribed is not covered under RSBY, the helpdesk shall advice the beneficiary accordingly and initiate approval from Insurer manually (authorization request).
2.4. The hospital will fax to Insurer a pre-authorization request. Request for hospitalization on behalf of the beneficiary may be made by the hospital/consultant attached to the hospital as per the prescribed format. The preauthorization form would need to give the beneficiary's

proposed admission along with the necessary medical details and the treatment planned to be administered and the break up of the estimated cost.

2.5. Insurer shall either approve or reject the request. In case Insurer approves, they will also provide the AL (authorization letter) number and amount authorized to the hospital via return fax. Authorization certificate will mention the amount guaranteed class of admission, eligibility of beneficiary or various sub limits for rooms and board, surgical fees etc. wherever applicable. Hospital must take care to ensure admission accordingly.

2.6. On receipt of approval the RSBY helpdesk would manually enter the amount and package details (authorization ID) into the helpdesk device. The device would connect to the server on-line for verification of the authorization ID. The server would send the confirmation (denial/approval) to the helpdesk device.

2.7. Steps 1.9 to 1.14

Case 3: In case of in-sufficient funds

In case the amount available is less than the package cost, the hospital shall follow the norms of deposit / running bills.

Steps from 1.1 to 1.7

3.1 In case of insufficient funds the balance amount could be utilized and the rest of the amount would be paid by the beneficiary after conformance of beneficiary.

3.2 The terminal would have a provision to capture the amount collected from the beneficiary.

Steps from 1.9 to 1.14.

Annex 2
PROCESS NOTE FOR DE-EMPANELMENT OF HOSPITALS

Background

This process note provides broad operational guidelines regarding De-empanelment of hospitals which are empanelled in RSBY. The process to be followed and roles of different stakeholders have been outlined.

Process to Be Followed For De-Empanelment of Hospitals:

Step 1 – Putting the Hospital on "Watch-list"

1. Based on the claims data analysis and/ or the hospital visits, if there is any doubt on the performance of a hospital, the Insurance Company or its representative can put that hospital in the watch list.
2. The data of such hospital shall be analysed very closely on a daily basis by the Insurance Company or its representatives for patterns, trends and anomalies.
3. The Insurance Company will immediately inform the State Nodal Agency also about the hospital which have been put in the watch list within 24 hours of this action.

Step 2 – Suspension of the Hospital

4. A hospital can be temporarily suspended in the following cases:
   a. For the hospitals which are in the "Watch-list" if the Insurance Company observes continuous patterns or strong evidence of irregularity based on either claims data or field visit of hospitals, the hospital shall be suspended from providing services to RSBY patients and a formal investigation shall be instituted.
   b. If a hospital is not in the "Watch-list", but the insurance company observes at any stage that it has data/ evidence that suggests that the hospital is involved in any unethical practice/ is not adhering to the major clauses of the contract with the Insurance Company or their representatives/ involved in financial fraud related to RSBY patients, it may immediately suspend the hospital from providing services to RSBY patients and a formal investigation shall be instituted.
   c. A directive is given by State Nodal Agency based on the complaints received directly or the data analysis/ field visits done by State Nodal Agency.

5. hospital within 6 hours of this action. At least 24 hours intimation must be given to the hospital prior to the suspension so that admitted patients may be discharged and no fresh admission can be done by the hospital. The Hospital, District Authority and SNA should be informed without fail of the decision of suspension of
6. For informing the beneficiaries, within 24 hrs suspension, an advertisement in the local newspaper 'mentioning about temporally stoppage of RSBY services' must be given by the

Insurer. The newspaper and the content of message will be jointly decided by the insurer and the district Authority.

7. To ensure that suspension of the hospital results in their not being able to treat RSBY patients, a provision shall be made in the software so that hospital cannot send electronic claims data to the Insurance Company or their representatives.
8. A formal letter shall be send to the hospital regarding its suspension with mentioning the timeframe within which the formal investigation will be completed.

Step 3 – Detailed Investigation

9. The Insurance Company can launch a detailed investigation into the activities of a hospital in the following conditions:
   a. For the hospitals which have been suspended.
   b. Receipt of complaint of a serious nature from any of the stakeholders

10. The detailed investigation may include field visits to the hospitals, examination of case papers, talking with the beneficiaries (if needed), examination of hospital records etc.
11. If the investigation reveals that the report/ complaint/ allegation against the hospital is not substantiated, the Insurance Company would immediately revoke the suspension (in case it is suspended) and inform the same to the hospital, district and the SNA.
    a. A letter regarding revocation of suspension shall be sent to the hospital within 24 hours of that decision.
    b. Process to receive claim from the hospital shall be restarted within 24 hours.
12. For informing the beneficiaries, within 24 hrs of revoking the suspension, an advertisement in the local newspaper 'mentioning about activation of RSBY services' must be given by the Insurer. The newspaper and the content of message will be jointly decided by the insurer and the district Authority.

Step 4 – Action by the Insurance Company

13. If the investigation reveals that the complaint/allegation against the hospital is correct then following procedure shall be followed:
    a. The hospital must be issued a "show-cause" notice seeking an explanation for the aberration and a copy of the show cause notice is sent to the State Nodal Agency.
    b. After receipt of the explanation and its examination, the charges may be dropped or an action can be taken.
    c. The action could entail one of the following based on the seriousness of the issue and other factors involved:
       i. A warning to the concerned hospital,
       ii. De-empanelment of the hospital.
14. The entire process should be completed within 30 days from the date of suspension.

Step 5 – Actions to be taken after De-empanelment

15. Once a hospital has been de-empanelled from RSBY, following steps shall be taken:
    a. A letter shall be sent to the Hospital regarding this decision with a copy to the State Nodal Agency
    b. MHC card of the hospital shall be taken by the Insurance Company and given to the District Key Manager
    c. Details of de-empanelled hospital shall be sent by State Nodal Agency to MoHFW so that it can be put on RSBY national website.
    d. This information shall be sent to National Nodal Officers of all the other Insurance Companies which are working in RSBY.
    e. An FIR shall be lodged against the hospital by the State Nodal Agency at the earliest in case the de-empanelment is on account of fraud or a fraudulent activity.
    f. The Insurance Company which had de-empanelled the hospital, may be advised to notify the same in the local media, informing all beneficiaries about the de-empanelment, so that the beneficiaries do not utilize the services of that particular hospital.
    g. If the hospital appeals against the decision of the Insurance Company, all the afore mentioned actions shall be subject to the decision of the concerned Committee.

16. The hospital can approach the Grievance Redressaal Committee for the redressal. The Grievance Redressal Committee will take a final view within 30 days of the receipt of representation. However, the hospital will continue to be de-empanelled till the time a final view is taken by the Grievance Redressal Committee.

The Grievance Redressal Mechanism has been developed separately and is available on RSBY website.

Special Cases for De-empanelment

In the case where at the end of the Insurance Policy if an Insurance Company does not want to continue with a particular hospital in a district it can de-empanel that particular hospital after getting prior approval the State Nodal agency and the District Key Manager. However, it should be ensured that adequate number of hospitals are available in the district for the beneficiaries.

Appendix 6- Process for De-Empanelment of Hospitals

Background

This process note provides broad operational guidelines regarding De-empanelment of hospitals which are empanelled in RSBY. The process to be followed and roles of different stakeholders have been outlined.

Process to Be Followed For De-Empanelment of Hospitals:

Step 1 – Putting the Hospital on "Watchlist"

1. Based on the claims data analysis and/ or the hospital visits, if there is any doubt on the performance of a hospital, the Insurance Company or its representative can put that hospital in the watch list.

2. The data of such hospital shall be analysed very closely on a daily basis by the Insurance Company or its representatives for patterns, trends and anomalies.

3. The Insurance Company will immediately inform the State Nodal Agency also about the hospital which have been put in the watch list within 24 hours of this action.

Step 2 – Suspension of the Hospital

4. A hospital can be temporarily suspended in the following cases:

   a. For the hospitals which are in the "Watchlist" if the Insurance Company observes continuous patterns or strong evidence of irregularity based on either claims data or field visit of hospitals, the hospital shall be suspended from providing services to RSBY patients and a formal investigation shall be instituted.

   b. If a hospital is not in the "Watchlist", but the insurance company observes at any stage that it has data/ evidence that suggests that the hospital is involved in any unethical practice/ is not adhering to the major clauses of the contract with the Insurance Company or their representatives/ involved in financial fraud related to RSBY patients, it may immediately suspend the hospital from providing services to RSBY patients and a formal investigation shall be instituted.

   c. A directive is given by State Nodal Agency based on the complaints received directly or the data analysis/ field visits done by State Nodal Agency.

5. The SNA should be informed of the decision of suspension of hospital within 24 hours of this action.

6. To ensure that suspension of the hospital results in their not being able to treat RSBY patients, a provision shall be made in the software so that hospital cannot send electronic claims data to the Insurance Company or their representatives.

7. A formal letter shall be send to the hospital regarding its suspension with mentioning the timeframe within which the formal investigation will be completed.

Step 3 – Detailed Investigation

8. The Insurance Company can launch a detailed investigation into the activities of a hospital in the following conditions:

   a. For the hospitals which have been suspended.

   b. Receipt of complaint of a serious nature from any of the stakeholders

9. The detailed investigation may include field visits to the hospitals, examination of case papers, talking with the beneficiaries (if needed), examination of hospital records etc.

10. If the investigation reveals that the report/ complaint/ allegation against the hospital is not substantiated, the Insurance Company would immediately revoke the suspension (in case it is suspended) and inform the same to the SNA.

    a. A letter regarding revocation of suspension shall be sent to the hospital within 24 hours of that decision.

    b. The hospital will be activated within 25 hours to transact RSBY data and send electronic claims

Step 4 – Action by the Insurance Company

11. If the investigation reveals that the complaint/allegation against the hospital is correct then following procedure shall be followed:

    a. The hospital must be issued a "show-cause" notice seeking an explanation for the aberration and a copy of the show cause notice is sent to the State Nodal Agency.
    b. After receipt of the explanation and its examination, the charges may be dropped or an action can be taken.
    c. The action could entail one of the following based on the seriousness of the issue and other factors involved:
       i. A warning to the concerned hospital,
       ii. De-empanelment of the hospital.

12. <u>The entire process should be completed within 30 days from the date of suspension.</u>

Step 5 – Actions to be taken after De-empanelment

13. Once a hospital has been de-empanelled from RSBY, following steps shall be taken:

    a. A letter shall be sent to the Hospital regarding this decision with a copy to the State Nodal Agency

    b. MHC card of the hospital shall be taken by the Insurance Company and given

to the District Key Manager

c. Details of de-empanelled hospital shall be sent by State Nodal Agency to MoHFW so that it can be put on RSBY national website.

d. This information shall be sent to National Nodal Officers of all the other Insurance Companies which are working in RSBY.

e. An FIR shall be lodged against the hospital by the State Nodal Agency at the earliest in case the de-empanelment is on account of fraud or a fraudulent activity.

f. The Insurance Company which had de-empanelled the hospital, may be advised to notify the same in the local media,, informing all beneficiaries about the de-empanelment, so that the beneficiaries do not utilize the services of that particular hospital.

g. If the hospital appeals against the decision of the Insurance Company, all the aforementioned actions shall be subject to the decision of the concerned Committee.

Grievance by the Hospital

14. The hospital can approach the District Grievance Redressaal Committee for the redressal. The District Grievance Redressal Committee will take a final view within 30 days of the receipt of representation. However, the hospital will continue to be de-empanelled till the time a final view is taken by the District Grievance Redressal Committee.

The Grievance Redressal Mechanism has been developed seperately and is available on RSBY website.

Special Cases for De-empanelment

In the case where at the end of the Insurance Policy if an Insurance Company does not want to continue with a particular hospital in a district it can de-empanel that particular hospital after prior approval from the State Nodal agency and the District Key Manager. However, it should be ensured that adequate number of hospitals are available in the district for the beneficiaries.

Appendix 7– Format for Submitting List of Empanelled Hospitals

LIST OF EMPANELLED HEALTH FACILITIES FOR RSBY IN STATE OF _____

District	Block	Name of Health Facility	Address with phone no.	Name of In-charge	No. of Beds in the Hospital	Own Pharmacy (Yes/ No)	Own Diagnostic test lab (Yes/ No)	Services Offered (Specialty)	GIS C de
1	2	3	4	5	6	7	8	9	1)

(List should be District-wise alphabetically)

SIGNATURE

Appendix 8– Parameters to Evaluate Performance of the Insurance Company for Renewal

Criteria	
1. **Enrolment of Beneficiaries** – Efforts should be made to enroll as many RSBY beneficiary families in a districts as possible in the project districts of the Insurer#. Ths Insurer will get marks only if it enrolls at least 50% of the beneficiary families	50%-4 50-55%-5 55-60%-6 60-65%-7 65-70%-8 70-75%-9 >80%-10
2. **Empanelment of Hospitals** – At least 50% of the eligible Private health care providers(as per RSBY criteria) shall be empanelled in each district (This 50% will be based on the Numbers to be given by respective district administration)	50%-5 50-60%-7 60-70%-9 >70%-10
3. Setting Up of Hardware and Software in Empanelled Hospitals – All the empanelled hospitals shall be ready with the necessary hardware and software before the start of the policy period.	80-90%-5 90 to 99%-6 100%-10
4. **District Kiosk and Call Centre Services** shall be set up and functional before the start of the enrolment process.	50% dist –3 50-75% dist -4 75-90% dist-5 >90% -10
5. Providing Access, through their server, of claims settlement data to the State Nodal Agency from the time policy starts to the State server	7-14 days of start of policy – 8 Within 7 days – 9 On or Before Start of the Policy – 10
6. **Claim Settlement** – At least 75% of the Claims shall be settled by the Insurer within One Month of the receipt of the claim (insurance company will share the claim settlement details in the format as defined by the SNA on monthly basis. If the State server is operational in the State then this information is to be directly provided to the State server. No marks will be given if the insurer/TPA fails to submit this data).	<75% claim –6 75-80% claim -7 80-85% claim-8 85-90% claim-9 >90% -10
7. **Records are maintained at District Kiosk and Call Centre** for the services provided in the prescribed format and shared with State Nodal Agency	50% dist –5 50-75% dist -7 75-90% dist-9 >90% -10
8. Grievance Redressal with beneficiaries and hospitals shall be done in 30 days in 75% of the cases.	75% cases –6 75-80% cases -7 80-85% cases-8 85-90% cases-9 >90% cases -10

Note:

a. **Insurer need to get at least 50 marks out of 80 to be considered for automatic renewal. However if the insurance company scores '0' marks under criteria 6 then the company will not be eligible for the renewal.**

b. **Insurer will share data at periodic intervals (to be decided between the insurer and State Government) on these criteria.**

Appendix 9 – Infrastructure and Manpower Related Requirements for Enrollment

It will be the responsibility of the Insurance Company to deploy resources as per details given below to cover entire enrollment data in each of project district:

Enrollment Kits - An enrollment kit includes at least A smart card printer, Laptop, two smart card readers, One fingerprint scanner, web camera, certified enrollment software and any other related software.

There should be minimum enrollment kits requirement as below:

No. of Enrollment Data in project district	Minimum number of Kits Required
<35000	10
35000 to 70000	15
70000 to 100000	20
100000 to 150000	30
150000 to 200000	40
200000 to 300000	60
>300000	75

Note: The insurance company will assure that:

- At least one electricity back facility is placed per 5 kits.
- At least one spare (functional) backup kit in field per 10 functional kits.
- The head quarter of the enrollment team should not be more than 30 Km. away from the farthest enrollment station at any time during the enrollment drive.
- No. of vehicle has to be as per the enrollment plan agreed between the Insurance company and the district authorities.

Human Resources – Minimum manpower resource deployment as below:

- One operator per kit (Educational Qualification - minimum 12 pass, minimum 6 months of diploma/certificate in computer, preferably be from local district area, should be able to read, write and speak in Hindi/ local language)
- One supervisor per 5 operators (Educational Qualification - minimum Graduate, minimum 6 months of diploma/certificate in computer, preferably be from local district area, should be able to read, write and speak in Hindi / local language and English)
- One Technician per 10 Kits (Educational Qualification - minimum 12 pass and diploma in computer hardware, should be able to read, write and speak in Hindi/ local language and English)
- One IEC coordinator per 5 Kits

- One Manager per 5 supervisors (Educational Qualification - minimum post graduate, minimum 6 months of diploma/certificate in computer, should be able to read, write and speak in Hindi/ local language and English)

Timeline – These resources should be deployed from the first week of the start of the enrollment process in the district.

Appendix 10 – Details about DKMs and FKOs

The District Key Manager (DKM) is the key person in RSBY, responsible for executing very critical functions for the implementation of the scheme in the district.

Following are the key areas pertaining to the DKM appointment and responsibilities of the DKM:

1. Identifying and Appointing DKM

1.1 DKM Identification & Appointment

The State Government/ Nodal Agency will identify one DKM to every RSBY project district for RSBY implementation. The DKM shall be a senior government functionary at the district level.

a. Eligibility

Officials designated as DKM can be Chief Medical Officer, Chief District Health Officer, Assistant District Collector (ADC)/ Additional District Magistrate (ADM), District Development Officer, District Labour Officer or equivalent as decided by the State Government.

b. Timeline

The DKM shall be appointed prior to signing of the agreement between the SNA & the Insurance Company.

1.2 Providing Information on DKM to Central Government

The State government/ Nodal agency will convey the details on DKM to the Central Key Generation Authority (CKGA).

a. Timeline

The information will be provided through RSBY portal under the State login of www.rsby.gov.in within seven days of signing the agreement with the Insurance Company.

1.3 Issuing personalized DKMA card by CKGA to State government/ Nodal agency

The CKGA shall issue personalized DKMA card to the respective State Government/ Nodal agency for distribution to the DKM based on the information from State Government/ Nodal agency.

The CGKA will also subsequently issue the Master Issuance Card (MIC), Master Hospital Card (MHC) and the Master Kiosk Card (MKC) based on request from State Government/ Nodal Agency.

a. Timeline

Personalized DKMA Card will be issued by CKGA within ten days of receipt of the information on DKM from State government/ Nodal agency.

1.4 Issuing personalized DKMA card by State government/ Nodal agency to DKM

The State government/ Nodal agency will issue DKMA card to the DKM at least seven days before start of the enrolment activities.

2. ROLES OF DISTRICT KEY MANAGER (DKM)

The DKM will be responsible for the overall implementation of RSBY in the district.

2.1 Roles of DKM

The roles and responsibilities of DKM are as given below:

a. Pre-Enrollment

- Receive the DKMA card from the State Nodal Agency and use them to issue three authority cards:
  - Field Key Officer (FKO) - Master Issuance Card - MIC
  - Hospital Authority - Master Hospital Card - MHC and
  - District Kiosk- Master Kiosk Card - MKC
- Issue FKO undertaking to the FKO along with the MIC
- Stock taking of cards to have a record of the number of cards received from the SNA for each type (MIC, MKC, and MHC), to whom distributed, on what date, and the details of missing/ lost/ damaged cards
- Understand the confidentiality and PIN related matters pertaining to the DKM and the MIC. Ensure security of Key cards and PIN.
- Ensure the training of FKOs, IT staff and other support staff at the district level
- Support the Insurance Company to organize District Workshop at least 15 days before commencement of enrollment
- Ensure that scheme related information has been given to the officials designated as the FKOs
- This information may be given either at the District workshops or in a separate meeting called by the district/ block level authorities
- Set up the dedicated DKM computer with the necessary hardware and software in his/ her office. Understand and know the DKM software and have the IT operator trained
- Understand the additional features and requirements for 64 KB card migration for all concerned viz. DKM, FKO, Hospital
- Issue MICs to FKOs according to the specified schedule. The data of issuance of cards will be stored on the DKMA computer automatically by the software and can be tracked. FKO card personalization is done by using data and fingerprint of the designated FKOs stored in the database on the DKMA computer.

- Issue the MHC within three days of receiving from the SNA to the Insurance Company or its representatives
- Issue MKC card within three days of receiving from the SNA to the Insurance Company or its representatives
- Check/ verify Insurance Company/ its intermediaries manpower and machines/ enrolment kits status as per the RSBY tender document
- Provide assistance to the insurer or its representatives in the preparation of panchayat/ municipality/ corporation- wise village wise route plan & enrolment schedule
- Ensure effective Information Education Communication (IEC) by the Insurance Company and lend all possible support
- Ensure empanelment of optimum number of eligible hospitals, both, public and private
- Ensure that hospitals are functional before the enrolment starts
- Ensure hospital training workshop is conducted by the insurance company and be present during such workshops
- Allocate space for setting up of the district kiosk by the Insurance Company free of cost or at a rent-free space. Ensure that district kiosk is functional before the enrolment starts

b. Enrollment

- Monitor and ensure the participation of FKOs in the enrollment process at the enrollment station and also fulfillment of their role
- Few extra FKOs should also be identified and issued MIC in case a designated FKO at a particular enrolment station is absent
- Provide support to the Insurance Company in the enrollment by helping them in coordinating with different stakeholders at the district, block, and panchayat levels
- Undertake field visit to the enrollment stations and record observations in the prescribed format (Link for the checklist to be added)
- Review the performance of Insurance Company as regards the enrolment status through periodic review meetings

c. Post enrollment

- Get the enrollment data downloaded from the MIC to the DKMA computer and then reissue the MICs to new FKOs after personalizing the same again
- In case of any discrepancy between numbers downloaded from MIC and the numbers mentioned by FKO in FKO undertaking, receive a note on the difference from the FKO and send the note to the SNA
- Collect Undertaking document from FKOs.
- Ensure that the enrolment teams submit the post enrolment signed data automatically created by the enrolment software and the same is downloaded on the DKMA computer within seven days

- Coordinate with the district administration to organize health camps for building awareness about RSBY and to increase the utilization/ hospitalization in the district
- Visit empanelled hospitals to check beneficiary facilitation and record observations as per standard format (Provide the link for hospital checklist)
- Hold grievance committee meetings on pre-scheduled days every month and ensure that necessary entries are made on the web site regarding all the complaints/ grievances received and decisions taken there on in the grievance committee
- Check the functioning of 24- hour Helpline on regular basis
- Communicate with State Nodal agency in case of any problem related to DKMA software, authority cards, or other implementation issues etc.
- Help SNA appointed agency/ NGO evaluate the Scheme implementation and its impact

d. On completion of enrolment

Prepare a report on issues related to empanelment of hospitals, enrolment, FKO feedback, and beneficiary data.

Field Key Officer (FKO)

The FKO is one of the key persons in RSBY and will carry out very critical functions which are necessary for the enrollment. FKOs are part of the Key Management System and along with DKM they are very critical for the success of the scheme. Following are the important points regarding FKOs and their roles:

1. Identity of FKO

The State Government/ Nodal Agency will identify and appoint FKOs in each district. The FKO should be a field level Government functionary. Some examples of the FKOs are Patwari, Lekhpal, Gram Vikas Adhikari, Panchayat Secretaries, etc.

2. Providing Information by State Government/ Nodal agency

SNA will provide detail on the number of FKO cards needed to the CKGA at Central Government in the prescribed format within 15 days of selection of the Insurance Company for that particular district. Generally the number of FKOs required would be directly proportional to the number of kits the insurance co plans to take to the field and to the number of families in the district. Hence it would be advisable for the nodal agency to consult with the Insurance co and their TPA or Service provider for finalizing the requirement of FKOs

3. Training to FKOs

The DKM should ensure that scheme related information has been given to the officials designated as the FKOs. This information may be given either at the District workshops or in a separate meeting called by the district/ block officers. The insurance company should give them an idea of the task they are expected to perform at the same time and a single page note giving scheme related details should be handed over to the FKOs along with the MIC card. They should be clearly told the documents that may be used to verify a beneficiary.

4. Issuance of Master Issuance Card (MIC) by DKM

The MIC cards will be personalized by the DKM at the district level. number. of MIC cards provided by CKGA shall be enough to serve the purpose of enrollment within time frame. Some extra FKOs should also be identified and issued MIC card by the DKMA so that the enrollment team has a buffer in case some FKOs are absent on a given day. While issuing the cards to the FKOs it should be kept in mind that 1 MIC can store data for approximately400 beneficiary families to which cards have been issued. In case an FKO is expected to issue cards to more than this number of families, multiple MIC cards may be issued to each FKO.

5. Role of FKOs

The roles of FKOs are as follows:

5.1 Pre-Enrolment

a. Receive personalized Master Issuance Card (MIC) from the DKM after providing the fingerprint.
b. Receive information about the name of the village (s) and the location (s) of the enrollment station (s) inside the village (s) for which FKO role have to be performed
c. Receive the contact details of the Insurance Company or their field agency representative who will go to the location for enrollment
d. Receive information about the date on which enrolment has to take place
e. Provide their contact details to the DKM and the Insurance Company field representative
f. Reach the enrollment station at the given time and date (Inform the Insurance Company a day in advance in case unable to come)
g. Check on the display of the BPL list in the village
h. Make sure that the FKO card is personalized with his/ her own details and fingerprints and is not handed over to anyone else at any time
i. Should ensure that at least one card for every 400 beneficiaries expected at the enrollment camp is issued to him/ her i.e., in case the BPL list for a location is more than 400, they should get more than one MIC card personalized with their details & fingerprints and carry with them for the enrollment.

5.2 Enrolment

a. Ensure that the BPL list is displayed at the enrolment station

b. Identify the beneficiary at the enrolment station either by face or with the help of identification document
c. Make sure that the enrolment team is correcting the **name**, **gender** and **age** data of dependents in the field in case of any mismatch
d. Make sure that the enrolment team **is** no**t** excluding any member of the identified family that is present for RSBY enrolment
e. Before the card is printed and personalized, should validate the enrolment by inserting his/ her smart card and providing fingerprint
f. Once the card is personalized and printed, ensure that at least one member of the beneficiary family verifies his/her fingerprint against the one stored in the chip of the card, before it is handed over to the family
g. Make sure that the smart card is handed over immediately to the beneficiary by the enrolment team after verification
h. Make sure that the enrolment team is collecting only 30 ₹from the beneficiaries
i. Ensure that the details of all eligible (within RSBY limits of Head of family + spouse + three dependents) family members as per beneficiary list and available at the enrolment station are entered on the card and their fingerprints& photographs are taken
j. Ensure that the enrolment team is providing a brochure to each beneficiary family along with the smart card
k. Make sure that the smart card is given inside a plastic cover and beneficiaries are told not to laminate it
l. If a beneficiary complains that their name is missing from the beneficiary list then make sure that this information is collected in the specified format and shared with the district administration
m. If not all dependents of a beneficiary, eligible for enrolment are present at the camp, they should be informed that those can be added to the card at the District kiosk.

5.3 Post Enrolment

a. Return the MIC to the DKM after the enrollment is over within Two days
b. At the time of returning the card, ensure that the data is downloaded from the card and that the number of records downloaded is the same as the number he/ she verified at the camp. In case of any discrepancy, make a note of the difference and ask the DKM to send the card and the note back to CKGA
c. Fill and submit an undertaking to the DKM in the prescribed format
d. Hand over the representations collected at the enrollment camp to the DKMA.
e. Receive the incentive from the State Government (if any)

Appendix 11 – Process for Cashless Treatment

The beneficiaries shall be provided treatment free of cost for all such ailments covered under the scheme within the limits / sub-limits and sum insured, i.e., not specifically excluded under the scheme. The hospital shall be reimbursed as per the package cost specified in the tender agreed for specified packages or as mutually agreed with hospitals in case of unspecified packages. The hospital, at the time of discharge, shall debit the amount indicated in the package list. The machines and the equipment to be installed in the hospitals for usage of smart card shall conform to the guidelines issued by the Central Government. The software to be used thereon shall be the one approved by the Central Government.

A. Cashless Access in case package is fixed

Once the identity of the beneficiary and/ or his/her family member is established by verifying the fingerprint of the patient (fingerprint of any other enrolled family member in case of emergency/ critical condition of the patient can be taken) and the smart card procedure given below shall be followed for providing the health care facility under package rates:

a) It has to be seen that patient is admitted for covered procedure and package for such intervention is available.
b) Beneficiary has balance in his/ her RSBY account.
c) Provisional entry shall be made for carrying out such procedure. It has to be ensured that no procedure is carried out unless provisional entry is completed on the smart card through blocking of claim amount.
d) At the time of discharge final entry shall be made on the smart card after verification of patient's fingerprint (any other enrolled family member in case of death) to complete the transaction**.**
e) All the payment shall be made electronically within One Month of the receipt of electronic claim documents in the prescribed format.

B. Pre-Authorization for Cashless Access in case no package is fixed

Once the identity of the beneficiary and/ or his/her family member is established by verifying the fingerprint of the patient (fingerprint of any other enrolled family member in case of emergency/ critical condition of the patient can be taken) and the smart card, following procedure shall be followed for providing the health care facility not listed in packages:

a) Request for hospitalization shall be forwarded by the provider after obtaining due details from the treating doctor in the prescribed format i.e. "request for authorization letter" (RAL). The RAL needs to be faxed/ emailed to the 24-hour authorization /cashless department at fax number/ email address 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.
b) The RAL should reach the authorization department of insurer within 6 hrs of admission in case of emergency or 7 days prior to the expected date of admission, in case of planned admission.

c) In failure of the above "clause b", the clarification for the delay needs to be forwarded with the request for authorization.

d) The RAL form should be dully filled with clearly mentioned Yes or No. There should be no nil, or blanks, which will help in providing the outcome at the earliest.

e) Insurer guarantees payment only after receipt of RAL and the necessary medical details. Only after Insurer has ascertained and negotiated the package with provider, shall issue the Authorization Letter (AL). This shall be completed within 12 hours of receiving the RAL.

f) In case the ailment is not covered or given medical data is not sufficient for the medical team of authorization department to confirm the eligibility, insurer can deny the authorization or seek further clarification/ information.

g) The Insurer needs to file a report to nodal agency explaining reasons for denial of every such claim.

h) Denial of authorization (DAL)/guarantee of payment is by no means denial of treatment by the health facility**.** The health care provider shall deal with such case as per their normal rules and regulations.

i) Authorization letter [AL] will mention the authorization number and the amount guaranteed as a package rate for such procedure for which package has not been fixed earlier. Provider must see that these rules are strictly followed.

j) The guarantee of payment is given only for the necessary treatment cost of the ailment covered and mentioned in the request for Authorization letter (RAL) for hospitalization.

k) The entry on the smart card for blocking as well at discharge would record the authorization number as well as package amount agreed upon by the hospital and insurer. Since this would not be available in the package list on the computer, it would be entered manually by the hospital.

l) In case the balance sum available is considerably less than the Package, provider should follow their norms of deposit/running bills etc. However provider shall only charge the balance amount against the package from the beneficiary. Insurer upon receipt of the bills and documents would release the guaranteed amount.

m) Insurer will not be liable for payments in case the information provided in the "request for authorization letter" and subsequent documents during the course of authorization, is found incorrect or not disclosed.

Note: **In the cases where the beneficiary is admitted in a hospital during the current policy period but is discharged after the end of the policy period, the claim has to be paid by the insurance company which is operating during the period in which beneficiary was admitted.**

Appendix 12 – Guidelines for the RSBY District Kiosk and Server

The insurance company will setup and operationalize the **district kiosk** and **district server** in all the project districts within 15 days of signing the contract with the State government.

1. District Kiosk

The district kiosk will be setup by the insurance company in all the project districts.

1.1. **Location of the district kiosk:** The district kiosk is to be located at the district headquarters. The State government may provide a place at the district headquarters to the insurance company to setup the district kiosk. It should be located at a prominent place which is easily accessible and locatable by beneficiaries. Alternatively, the insurance company can setup the district kiosk in their own district office.

1.2. **Specifications of the district kiosk:** The district kiosk should be equipped with at least the following hardware and software (according to the specifications provided by the Government of India),

1.2.1. **Hardware components:**

Computer (1 in number)	▪ This should be capable of supporting all other devices required. ▪ It should be loaded with standard software as per specifications provided by the MoHFW.
Fingerprint Scanner / Reader Module (1 in number)	▪ Thin optical sensor ▪ 500 ppi optical fingerprint scanner (22 x 24mm) ▪ High quality computer based fingerprint capture (enrolment) ▪ Preferably have a proven capability to capture good quality fingerprints in the Indian rural environment ▪ Capable of converting fingerprint image to RBI approved ISO 19794-2 template. ▪ Preferably Bio API version 1.1 compliant
Camera (1 in number)	▪ Sensor: High quality VGA ▪ Still Image Capture: up to 1.3 megapixels (software enhanced). Native resolution is 640 x 480 ▪ Automatic adjustment for low light conditions
Smartcard Readers (2 in number)	▪ PC/SC and ISO 7816 compliant ▪ Read and write all microprocessor cards with T=0 and T=1 protocols ▪ USB 2.0 full speed interface to PC with simple command structure ▪ PC/SC compatible Drivers
Smart card printer (1 in number)	▪ Supports Color dye sublimation and monochrome thermal transfer ▪ Edge to edge printing standard ▪ Integrated ribbon saver for monochrome printing ▪ Prints at least 150 cards/ hour in full color and up to 1000 cards an hour in monochrome ▪ Minimum Printing resolution of 300 dpi ▪ Compatible with Windows / Linux

	▪ Automatic or manual feeder for Card Loading ▪ Compatible to Microprocessor chip personalization
Telephone Line (1 in number)	▪ This is required to provide support as a helpline
Internet Connection	▪ This is required to upload/send data

1.2.2. **Software components:**

Operating System	▪ Vendor can adapt any OS for their software as long as it is compatible with the software
Database	▪ Vendor shall adapt a secure mechanism for storing transaction data
System Software	▪ District Server Application Software • For generation of URN • Configuration of enrollment stations • Collation of transaction data and transmission to state nodal agency as well as other insurance companies ▪ Beneficiary enrollment software ▪ Card personalization and issuance software ▪ Post issuance modifications to card ▪ Transaction system software [NOTE: It is the insurance company's responsibility to ensure in-time availability of these softwares. All these softwares must conform to the specifications laid down by MoHFW. Any modifications to the softwa re for ease of use by the insurance company can be made only after confirmation from MoHFW. All software would have to be certified by competent authority as defined by MoHFW.]

1.2.3. **Smart card:** The card issuance system should be able to personalize a 64KB NIC certified SCOSTA smart card for the RSBY scheme as per the card layout.

In addition to the above mentioned specifications, a **district kiosk card** (issued by the MoHFW) should be available at the district kiosk.

1.3. **Purpose of the district kiosk:** The district kiosk is the focal point of activity at the district level, especially once the smart card is issued (i.e. post-issuance). Re-issuing lost cards, card splitting and card modification are all done at the district kiosk. Detailed specifications are available in the Enrollment specifications. It should be ensured that in a single transaction only one activity/ updatation should be carried out over the card i.e., there should not be a combination of card reissuance + modification or modification + split or reissuance + split. The district kiosk would also enable the business continuity plan in case the card or the devices fail and electronic transactions cannot be carried out. Following will be the principal functions of a district kiosk:

1.3.1. **Re-issuance of a card:** This is done in the following cases,

1.3.1.1. **The card is reported as lost or missing** through any of the channels mentioned by the smart card vendor/insurance company, or, **the card is damaged**.

1.3.1.1.1. At the district kiosk, based on the URN, the current Card serial number will be marked as hot-listed in the backend to prevent misuse of the lost/missing/damaged card.

1.3.1.1.2. The existing data of the beneficiary – including photograph, fingerprint and transaction details – shall be pulled up from the district server, verified by the beneficiary and validated using the beneficiary fingerprints.

1.3.1.1.3. The beneficiary family shall be given a date (based on SLA with state government) when the reissued card may be collected.

1.3.1.1.4. It is the responsibility of the insurance company to collate transaction details of the beneficiary family from their central server (to ensure that any transactions done in some other district are also available)

1.3.1.1.5. Card should be personalized with details of beneficiary family, transaction details and insurance details within the defined time using the District Kiosk Card (MKC) for key insertion.

1.3.1.1.6. The cost of the smart card would be paid by the beneficiary at the district kiosk, as prescribed by the nodal agency in the contract.

1.3.2. **Card splitting:** Card splitting is done to help the beneficiary to avail the facilities simultaneously at two diverse locations i.e. when the beneficiary wishes to split the insurance amount available on the card between two cards. The points to be kept in mind while performing a card split are:

1.3.2.1. The beneficiary needs to go to the district kiosk for splitting of card in case the card was not split at the time of enrollment.

1.3.2.2. The existing data including text details, images and transaction details shall be pulled up from the district server. (**Note: Card split may be carried out only if there is no blocked transaction currently on the card.**)

1.3.2.3. The fingerprints of any family member shall be verified against those available in card.

1.3.2.4. The splitting ratio should be confirmed from the beneficiary. Only currently available amount (i.e. amount insured – amount utilized) can be split between the two cards. The insured amount currently available in the main card is modified.

1.3.2.5. The cost of the additional smart card needs to be paid by the beneficiary at the district kiosk, as prescribed by Nodal Agency at the time of contract.

1.3.2.6. The beneficiary's existing data, photograph, fingerprint and transaction details shall be pulled up from the district server and a fresh card (add-on card) will be issued immediately to the beneficiary family. Both cards would have details of all family members.

1.3.2.7. The existing card will be modified and add on card issued using the MKC card

1.3.2.8. Fresh and modified data shall be uploaded to the central server as well.

1.3.3. **Card modifications:** This process is to be followed under the following circumstances,

- Only the head of the family was present at the time of enrollment and other family members need to be enrolled to the card, or, in case all or some of the family members are not present at the enrollment camp.
- In case of death of any person enrolled on the card, another family member from the same BPL list and other non-BPL beneficiary list (if applicable) is to be added to the card.

There are certain points to be kept in mind while doing card modification:

1.3.3.1. Card modification can only be done at the district kiosk of the same district where the original card was issued.

1.3.3.2. In case a split card was issued in the interim, both the cards would be required to be present at time of modification.

1.3.3.3. Card modification during the year can only happen under the circumstances already mentioned above.

1.3.3.4. It is to be ensured that only members listed on the original beneficiary list provided by the state are enrolled on the card. As in the case of enrollment, no modifications except to name, age and gender may be done.

1.3.3.5. A new photograph of the family may be taken (if all the members are present or the beneficiary family demands it).

1.3.3.6. Fingerprint of additional members needs to be captured.

1.3.3.7. Data of family members has to be updated on the chip of the card.

1.3.3.8. The existing details need to be modified in the database (local and central server).

1.3.3.9. The existing card will be modified using the MKC card

1.3.4. **Transferring manual transactions to electronic system**

1.3.4.1. In case transaction system, devices or card fails at the hospital, the hospital would inform the District kiosk and complete the transaction manually

1.3.4.2. Thereafter the card and documents would be sent across to the District Kiosk by the hospital

1.3.4.3. The district kiosk needs to check the reason for transaction failure and accordingly take action

1.3.4.4. In case of card failure

1.3.4.4.1. The card should be checked and in case found to be non-functional, the old card is to be hot listed and a new card re-issued as in the case of duplicate card.

1.3.4.4.2. The new card should be updated with all the transactions as well

1.3.4.5. In case of software or device failure, the device or software should be fixed/ replaced at the earliest as per the SLA

1.3.4.6. The district kiosk should have the provision to update the card with the transaction.

1.3.4.7. The database should be updated with the transaction as well

1.3.4.8. The card should be returned to the Hospital for handing back to the beneficiary

2. District/ Insurance Company Server

The district/ Insurance Company server is responsibility of the insurance company and is required to:

- Set up and configure the Beneficiary data for use at the enrollment stations
- Collate the enrollment data including the fingerprints and photographs and send it on to MoHFW periodically
- Collate the transaction data and send it on to MoHFW periodically
- Ensure availability of enrolled data to District kiosk for modifications, etc at all times

2.1. **Location of the district server:** The district server may be co-located with the district kiosk or at any convenient location to enable technical support for data warehousing and maintenance.

2.2. **Specifications of the district server:** The minimum specifications for a district server have been given below, however the Insurance Company's IT team would have to arrive at the actual requirement based on the data sizing.

CPU	▪ Intel Pentium 4 processor (2 GHz), 4 GB RAM, 250 GB HDD [Note: As per actual usage, additional storage capacity may be added.]

Operating System	▪ Windows 2003
Database	▪ SQL 2005 Enterprise Edition

3. Responsibilities of the Insurance Company/Smart Card Service Provider with respect to District Kiosk and District Server:

3.1.1. The insurance company needs to plan, setup and maintain the district server and district kiosk as well as the software required to configure the validated Beneficiary data for use in the enrollment stations.

3.1.2. Before enrolment, the insurance company / service provider will download the certified Beneficiary data from the RSBY website and would ensure that the complete, validated beneficiary data for the district is placed at the district server and that the URNs are generated prior to beginning the enrollment.

3.1.3. The enrollment kits should contain the validated beneficiary data for the area where enrollment is to be carried out.

3.1.4. The beneficiary and members of PRI should be informed at the time of enrollment about the location of district kiosk and its functions.

3.1.5. The insurance company needs to install and maintain the devices to read and update smart cards at the district kiosk and the empanelled hospitals. While the State Nodal Agency owns the hardware at the district kiosk, the hospital owns the hardware at the hospital.

3.1.6. It is the insurance company's responsibility to ensure in-time availability of the software(s) required, at the district kiosk and the hospital, for issuing Smart cards and for the usage of smart card services. All software(s) must conform to the specifications laid down by MoHFW. Any modifications to the software(s) for ease of use by the insurance company can be made only after confirmation from MoHFW. All software(s) would have to be certified by a competent authority as defined by MoHFW.

3.1.7. It is the responsibility of the service provider to back up the enrollment and personalization data to the district server. This data (including photographs and fingerprints) will thereafter be provided to the MoHFW in the prescribed format.

3.1.8. It is the responsibility of the Insurance Company or their service provider to set up a helpdesk and technical support centre at the district. The helpdesk needs to cater to beneficiaries, hospitals, administration and any other interested parties. The technical support centre is required to provide technical assistance to the hospitals for both the hardware & software. This may be co-located with the District Kiosk

Appendix 13 – Specifications for the Hardware and Software for Empanelled Hospitals

Hardware

- TWO smart card readers with following configuration:
  - PCSC and ISO 7816 compliant
  - Read and write all microprocessor cards with T=0 and T=1 protocols
  - USB 2.0 full speed interface to PC with simple command structure

- ONE Biometric finger print recognition device with following configuration:
  - 5v DC 500mA (Supplied via USB port)
  - Operating temperature range: 0c to 40c
  - Operating humidity range: 10% to 80%
  - Compliance: FCC Home or Office Use, CE and C-Tick
  - 500 dpi optical fingerprint scanner (22 x 24mm)
  - USB 1.1 Interface
  - Drivers for the device should be available on Windows or Linux platform
  - High quality computer based fingerprint capture (enrolment)
  - Capable of converting Fingerprint image to RBI approved ISO 19794 template.

Software

- Transaction software for Hospitals approved by Ministry of Labour Welfare and Employment /MoHFW for RSBY

Maintenance Support

- ONE year warranty for all hardware devices supplied
- Free Service Calls for Software maintenance for 1 year
- Unlimited Telephonic Support

Appendix 14 – List of Public Hospitals to be Empanelled

Appendix 15 – Qualifying Criteria for the TPAs

1. **License:**

   The TPAs shall be Licensed by IRDA.

2. **Year of Operations:**

   The TPA shall have a minimum TWO years of operation since the registration.

3. **Size /Infrastructure:**

   The TPA shall have covered a Cumulative of 10 million Lives Servicing in past THREE years (2012-13, 2013-14 and 2014-15)

4. **MIS:**

   The TPA shall have experience of working in Information Technology intensive environment.

5. **Quality**

ISO Certification (ISO 9001:2000) for Quality Process

Appendix 16 – Guidelines for Technical Bid Qualification

These guidelines are to be used by the committee members who are conducting the evaluation of technical bids qualification for the Rashtriya Swasthya Bima Yojana (RSBY). Please note the following:

1. The process for assessing the technical bid is as follows
    a. Open the envelopes marked "Technical proposal" on it.
    b. After reading through the bid, let one of them fill up Criteria with the agreement of others.
    c. All the bidders who fulfills all the Essential Criteria are declared successful.
    d. The evaluator has to sign on every page.
2. Inform the selected bidders to be present for the opening of the financial bid on the specified date and time

Appraisal of the technical proposal

Bidder No	Bidder Name	Number of separate documents[1] (including annexes
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		

ESSENTIAL CRITERIA

No	CRITERIA (Yes / No)	B-1	B-2	B-3	B-4	B-5	B-6	B-7	B-8	B-9	B-10	B-11	B-12
1	The bidder has provided the document as per Annexure A												
2	The bidder is registered with the Insurance Regulator (or) is enabled by a Central legislation to undertake insurance related activities. (Annexure B)												
3	The Insurer has to provide an undertaking expressing their explicit agreement to adhere with the details of the scheme. (Annexure C)												

4	The Insurer has to provide an undertaking that it will only engage agencies, like the TPA and Smart Card Service Providers, fulfilling the necessary criteria. (Annexure D)												
	List of Additional Packages for common medical and surgical interventions/ procedures: **Annexure E**												
5	Previous experience with RSBY as per **Annexure F**												
6	The Insurer will provide a certificate from Actuary as per **Annexure G**												

A document is considered separate if it is stapled / bound as a single entity. Even a one page covering letter should be considered as a separate document.

Any other remarks _____

For Annexure 5 and 6 a "Nil" document is acceptable.

If the answer to any one of the above criteria is "No", then that particular bid is rejected.

Reasons for rejection of any particular bidder

_____
_____
_____
_____
_

Name of reviewer	***Organization***	***Designation***	***Signature***

*** * * ***