



Corrigendum 1 & Pre-Bid Queries Response

to

Request for Proposal (RFP)

**“RFP for Selection of ISA for implementing Convergence
Project with AB-PMJAY”**

RFP Number: S.12017/86/2020-NHA

Date of Publishing RFP: 24th July, 2020

Date of Publishing Corrigendum 1 & Pre-bid query response: 11th August, 2020

Corrigendum 1 - dated 11.08.2020

Basis the pre-bid meeting and pre-bid queries received on the RFP the National Health Authority (NHA) has decided to make the following changes in the RFP as described in the table below:-

#	Document/Clause/Page#	RFP clause	Modification/Insertion/Deletion
1.	RFP1/3.1.3 (4) / 14 :	Audited Balance Sheet and Profit and Loss Statement with Auditors' Report for the preceding three fiscal years immediately preceding Bid Due Date	Modification – Audited Balance Sheet and Profit and Loss Statement with Auditors' Report for the preceding three fiscal years (2016-17, 2017-18 & 2018-19)
2.	Contract ISA/19(b) /36	Obligation of ISA Processing of pre-authorization requests related to the scheme from the Registered/empanelled hospitals. Scrutiny and approval of preauthorization requests if all the conditions are fulfilled, within 4 hours of receiving the preauthorization requests from the network hospital.	Modification- Obligation of ISA Processing of pre-authorization requests related to the scheme from the Registered/empanelled hospitals. Scrutiny and approval of preauthorization requests if all the conditions are fulfilled, within 6 hours of receiving the preauthorization requests from the network hospital.
3.	RFP 1/3.1.3/13	The Bidder should be a registered private or public limited insurance company	Modification- The Bidder should be a registered "Registered TPA"

Pre-Bid Queries Response dated 11.08.2020

Basis the pre-bid queries received on the RFP the National Health Authority (NHA) has provided the response as described in the table below:-

#	Bidder	Doc/Reference/ Page#	Description	Queries By Bidder	Response by NHA
1	B1	RFP1/1.2 (i) / 12	Setting up of National office as required and deployment of staff	<p>1. Should ISA set up Office or office space would be provided at NHA?</p> <p>2. Also, is ISA expected to open offices at any other State/ Location other than Delhi/NCR</p>	<p>1. No, NHA will not provide any set-up office or space for office.</p> <p>2. Not required to open offices at any other location other than Delhi/NCR</p>
2	B1	RFP1/3.1.3 (4) / 14	Audited Balance Sheet and Profit and Loss Statement with Auditors' Report for the preceding three fiscal years immediately preceding Bid Due Date	<p>Immediately preceding bid due date - will this be from FY 2019-2020, FY2018-2019 and FY 2017-2018.</p> <p>Can we submit declaration for deferred submission of FY 2019-2020 report in lieu of the Audited Balance Sheet, P&L statement with Auditors' report</p>	As per corrigendum 1
3	B1	RFP1/3.1.3 (5) / 14	True certified copies of work orders/LoA which provides proof that the bidder has experience of handling at least 50,000 health claims in all the three preceding financial year preceding Bid Due Date	Copies of Work orders/ LoA does not provide the claims handled details; However, can we provide WO/LoA without specific reference to number of claims [OR] Can we provide the Declaration/ Undertaking/ Certificate from our Statutory Auditor to this affect also?	Provide the Declaration/ Undertaking/ Certificate of Statutory Auditor
4	B1	RFP1/7.6.1 / 25	The selected bidder will be paid as per the rate quoted for the each component	<p>Can we have the below details (approx./ estimate):</p> <p>1. Kindly provide state wise data of covered beneficiary?</p> <p>2. BIS Volume (would it be convergence + AB-PMJAY: 38,00,000)</p> <p>3. Ministry wise IPD claims volume</p> <p>4. Ministry wise OPD claims volume</p>	As per RFP
5	B1	ISA Schedules/Schedule 15/ 33	The ISA shall ensure that it shall at all times during the Tenure of the Contract, maintain at a minimum... HR	<p>1. Will the HR deployed be stationed at NHA/ National Office established by ISA in Delhi NCR region? (including BIS approval team)</p> <p>2. Also, will there be requirement to deploy</p>	1. The HR deployed by ISA shall be stationed at ISA office established at Delhi/NCR and the Team Lead will be stationed at

#	Bidder	Doc/Reference/ Page#	Description	Queries By Bidder	Response by NHA
				manpower in any other State/ Location other than Delhi/NCR 3. Is there any requirement for ISA to appoint/ deploy Arogyamitras?	NHA office for smooth coordination. 2. Not required to open offices at any other location other than Delhi/NCR 3. Not required to appoint/deploy any Arogyamiytras.
6	B1	Contract/ISA/ISA additional support services (i)/ 7	Support NHA in deployment of IT platform and maintenance including modification in IT systems (if any). Also provide claim processing software wherever required.	1. Reimbursement request will come through PMJAY software or we have to deploy our own software? 2. Is the convergence software will be given by NHA or there will be two software one from NHA and another from TPA will be used? 3. If TPA uses own software, how BIS data will be available? 4. if TPA uses its own software then how claims and preauth data will sync? 5. Hospital side in case of TPA software, they need to use the web based software to direct the claims to TPA site or it will come through NHA TMS? 6. If claims have to be offline then it is not possible to maintain the TAT, in that case what would be NHA guidelines?	1. Reimbursement request will come through PMJAY software, ISA doesn't require to deploy any other software. 2, 3, 4 & 5. All the software related to BIS, claims and reimbursement will be provided by NHA. ISA may require providing support in compiling feedback information from states on IT platform. 6. the offline claims are exception handling cases and though the claim settlement TAT starts from the day ISA receives all the requisite document.
7	B1	Financial Bid Upload	Financial Bid Document Sheet (.xls)	There is no .xls file / format (BoQ) provided with the bid documents, should we be uploading any .xls file with the our pricing quoted?	Same commercial bid template to be uploaded in .xls file and pdf, pdf shall include complete commercial bid format as provided in RFP
8	B2	Pre-qualification	Eligibility Criteria	We qualify on all other parameters mention in RFP clause No. 3.1.2 except (iii) having average annual turnover of Rs.20 Crores in	As per RFP

#	Bidder	Doc/Reference/ Page#	Description	Queries By Bidder	Response by NHA
				the previous three financial years	
9	B3	Contract ISA/Point No. G/7	ISA will also provide the following additional support services: i. Support NHA in deployment of IT platform and maintenance including modification in IT systems (if any). Also provide claim processing software wherever required. ii. Provide mobile handsets (android based smartphone) and pay monthly service charges . iii. Coordination with toll free call center including linkage with national call centre as defined by Government of India, wherever requested for.	Scope of work need to be elaborated for the following activities 1. Deployment of IT Platforms and Maintenance 2. To whom all we need to provide mobile Handsets 3. Any Additional manpower to be deployed for the coordination with NHA call center in addition to the manpower mentioned in Schedule 15: Minimum HR Requirements of ISA Schedule document.	1. All the software related to BIS, claims and reimbursement will be provided by NHA. ISA may require providing support in compiling feedback information from states on IT platform. 2. ISA's own staff 3. As per RFP
10	B3	Contract ISA/4.2 e(iii)/17	However, certain services such as OPD, diagnostic services under standalone clinics, emergency wherever applicable will be provided in reimbursement mode.	The methodology of utilisation and reimbursement of OPD, diagnostic services under standalone clinics, emergency is not specified	As per RFP
11	B3	Contract ISA/10.1/24	ISA will be paid a fee as per the rate quoted for each component or the monthly minimum prescribed payment (Rs. 9.6 lakh) as per the requisite minimum HR provided in schedule 15, whichever is higher for implementation of Convergence Project. The Fee shall be calculated on monthly basis. However, payment will be released on quarterly basis based on the deliverables and KPI performance as given in schedule 12	Point No. 1 Will the fees be paid in advance at the beginning of every Qtr or at the end of Qtr with monthly review , adjustable in next Qtr if any Point 2. As it is a three years contract period, will the mentioned fee increase year on year.	Point 1 - As per RFP Point 2 -No

#	Bidder	Doc/Reference/ Page#	Description	Queries By Bidder	Response by NHA
12	B3	Contract ISA/11.1g/25	The beneficiary shall submit all the relevant documents such as of eligibility, treatment, referral, emergency and other relevant document (as applicable) for reimbursement of treatment cost.	<p>Point 1. Where does the beneficiary submit reimbursement claim and what is the process of such claims will it be processed online in IT platform or is it by hard copies .</p> <p>Point 2. Whether the beneficiary needs to inform ISA before admission in non empanelled hospitals to claim for reimbursement.</p> <p>Point 3. what is the timeframe the beneficiary receives the reimbursement</p>	<p>Point 1. Beneficiary will submit reimbursement claim online and claim will be processed on IT platform provided by NHA .</p> <p>Point 2. - No</p> <p>Point 3. It will be as per the scheme guidelines provided at the time of MoU.</p>
13	B3	Contract ISA/14.2 B/30	Right of appeal and reopening of claims	Authorities & Aging of claims within which it can be represented by HCP & re-opened	As per RFP

#	Bidder	Doc/Reference/ Page#	Description	Queries By Bidder	Response by NHA
14	B3	Contract ISA/18.2/36	<p>Call Centre Information</p> <p>The ISA shall support the call centre function by providing information related to projects established by NHA for the benefit of all covered Persons by providing call centre executives. The Call Centre functions 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 NHA but the cost of training and capacity building shall be taken care by ISA. As a part of the Call Centre Service the ISA shall provide all the necessary information about scheme benefits to any person who calls for this purpose. The call centre shall have access to all the relevant information of scheme convergence along with eligibility under various schemes as per the parent organization of scheme 15convergence project so that it can provide answer satisfactorily.</p>	<p>is full time training Team is reqd... Specification of Minimum training requirements and frequency</p>	<p>It will be based on the requirements and deployed team can provide the training.</p>

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15	B3	Contract ISA/19(b) /36	Obligation of ISA Processing of pre-authorization requests related to the scheme from the Registered/empanelled hospitals. Scrutiny and approval of preauthorization requests if all the conditions are fulfilled, within 4 hours of receiving the preauthorization requests from the network hospital.	Seems it is Typo Error : Please correct because as per ISA schedule KPI page number 22 its 6 hours instead of 4 hours	As per corrigendum 1
16	B3	General/General /	OPD	Is there any capping related to OPD claims.	As per RFP
17	B3	General/General /	Enrollment process for these 38lakhs family	Will the Dept of MoLE, Raods, Ministryof Home will share the beneficiary details , will the data contain mandatory Id documents , RC , Beneficiary Family Address	As per RFP
18	B3	ISA Schedule/Schedule 1 point 1/3	The objective of Scheme convergence is to provide and improve access of validated Beneficiary Family Units to quality Primary (as applicable), secondary, tertiary inpatient care and day care surgeries for treatment of diseases and medical conditions inclusive of OPD and diagnostic care (as applicable) through a network of empanelled and non Health Care Providers for the risk covers defined in in the operation document of partner organization for reducing out of pocket health care expenses.	What will be the process of Non Health care providers 1. Will it be on reimbursement mode and mode of payment to EHCP 2. How will they notify admission	As per RFP
19	B3	ISA Schedule/Schedule 3 / 5	Incentive (Over and above base procedure rate)	is any incentiv e for NABH applied hospitals as the NABH inspections take long time and hospitals will get deprived though fully NABH comlied but Entrt level not Accredited due to pending with NABH	As per RFP

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20	B3	ISA Schedule/Schedule 4 iv/6	AB PMJAY Quality Certification (Bronze, Silver and Gold) .	Any Incentive over and above the base procedure rate for Bronze , Silver & Gold	As per RFP
21	B3	ISA Schedule/Schedule 4 iii/6	HCP under Scheme convergence will be encouraged by ISA to attain quality milestones by attaning AB PMJAY Quality Certification (Bronze, Silver and Gold) . iv	Disciplinary action if even after persuasion by Isa the HCP failes to attempt for bronze	As per RFP
22	B3	ISA Schedule/Point 3(Viii)/8	The beneficiary will also be provided with a booklet/ pamphlet with details about scheme convergence and process for availing services wherever applicable	Who will provide IEC material to beneficiary along with e-card	NHA
23	B3	ISA Schedule/schedule 5 point 4 /8	Addition of new family members will be allowed as per the updated family database under scheme convergence projects. Under PM-JAY benefit extension scheme addition of new family members will be allowed in case at least one other family member has been approved by the ISA/NHA. Proof of being part of the same family is required in the form of: i. Name of the new member is in the family ration card or defined family card/database of the identified family member ii. A marriage certificate to identified family member is available (Husband/Wife) iii. A birth certificate to identified family member is available iv. An Adoption certificate to identified family member is available v. Any other process defined under scheme convergence projects	Guidelines for deletion if the member is part of any other beneficiary unit under convergence scheme or newly married is part of SECC member under PMJAY	As per RFP
24	B3	ISA Schedule/schedule 9/12	Any empanelled hospital under AB-PMJAY will not be allowed to deny services to any eligible beneficiary. All interoperability cases shall be	for portability patient investigations are getting a challengege as the outcome of study depends next level of treatment and as HCP is not sure of treatment is unable to extend	Field investigation will be taken care by NHA with support of SHA or separate agencies. ISA for the

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			mandatorily under pre-authorisation mode and pre-authorisation guidelines of the treatment delivery state in case of AB-PMJAY implementing States / UTs or indicative pre-authorisation guidelines as issued by NHA, shall be applicable.	cashless and raises a lot of grievance	scheme convergence should follow the scope as per RFP.
25	B3	ISA Schedule/schedule 9 point 3 sub point iv./14	Balance Check: After identification and validation of the beneficiary, the balance check for the beneficiary will be done as per scheme. The balance in the home state shall be blocked through the necessary API and updated once the claim is processed. The NHA may provide a centralised balance check facility	what if one is in portability and one at home state availing treatments at same time balance check at home state will be an hurdle	NHA will take care of it
26	B3	ISA Schedule/Schedule 12.B.3/23	Scrutiny, Claim processing and payment of the claims. Penalty : If the ISA fails to make the Claim Payment within Turn Around Time (TAT)***, then the ISA shall be liable to pay a penal interest to the HCP at the rate of 0.1% for each claim amount for every day of delay or the part thereof on every delayed claim.	Required timelines for reimbursement claim.	As per RFP
27	B3	ISA Schedule/Schedule 12.B.3/23	Delays in compliance to the grievances (actionable by ISA) or orders of the Grievance Redressal Committee (GRC)	Required timelines for reimbursement claim.	As per RFP
28	B3	ISA Schedule/Schedule 12.C.5/27	Beneficiary audit during hospitalization (though support of SHA/NHA))	What would be the mechanism for compliance for the mentioned audit. Penalty amount should be reconsidered	As per RFP

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29	B3	ISA Schedule/Schedule 12.C.7/27	Beneficiary Audit-Home Visit (though support of SHA/NHA)		
30	B3	ISA Schedule/Schedule 12.C.7/27	Beneficiary Audit-Home Visit (though support of SHA/NHA)		
31	B3	ISA Schedule/Schedule 15/33	Schedule 15: Minimum HR Requirements Qualification for Pre-Auth & Claim processing doctors should be MBBS from a recognized medical college.	Are FMG MBBS is allowed to be engaged	As per RFP
32	B3	RFP 1/Purpose of the RFP & Brief Description of Selection Process/12	Convergence of Scheme 10,00,000 Extension of AB PM-JAY platform/Benefits 28,00,000 Total number of Eligible families 38,00,000	State / UT wise break up of Eligible families	This will be provided at the time of signing of contract/MoU
33	B3	RFP 1/1.2/11	Beneficiary Risk Cover	Mechanism related to reimbursement claims of Non-Empanelled Hospitals	As per RFP
34	B3	RFP 1/3.1.3/13	The Bidder should be a registered private or public limited insurance company	Shall we read "Registered Insurance Company" as "Registered TPA" as NHA intends to submit the Bids by TPAs only	As per corrigendum 1
35	B3	RFP 1/1.2/12	In order to provide benefits to the eligible families, ISA will have to, but not limited to, perform following tasks ("Convergence Project"): i. Setting up of National office as required and deployment of staff; (Refer to clause 18 of the Contract)	Will the premises be provided along with furniture & fixtures for setting up the National Office or Isa has to look for property on their own	Responsibility of ISA
36	B3	RFP 1/1.2/12	The objective of Scheme convergence is to provide and improve access of validated Beneficiary Family Units to quality Primary (as applicable), secondary, tertiary inpatient care and	Claims History of these proposed convergence scheme beneficiary families to have a check on repate claims & check Abuse & Also to understand the volume of work	As per RFP

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			day care surgeries for treatment of diseases and medical conditions inclusive of OPD and diagnostic care (as applicable) through a network of empanelled and non empanelled health care providers for the risk covers defined in in the operation document of partner organization for reducing out of pocket health care expenses.		
37	B3	RFP 1/Convergence of Scheme /11	Convergence of Scheme Reimbursement for other health care services including emergency services in non-empanelled (or empanelled) health care providers.	Is reimbursement available for portability in non-network hospitals	Yes
38	B3	RFP 1/Extension of AB PM-JAY Benefits/11	Cashless and paperless hospitalization expenses coverage including treatment for medical conditions and diseases as defined under AB PM-JAY scheme	how will this be followed for a non-network HCP	As per RFP