



**national
health
authority**



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: 23rd September, 2020

Date of Publishing Corrigendum 1 & Pre-bid query response: 6th October, 2020

Corrigendum 1 - dated 06.10.2020

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.	RFP	RFP Number: "S.12017/48/2020-NHA" on CPP portal	To be read as:- RFP Number: S.12017/86/2020-NHA
2.	RFP Page No. 13 Point No. 3.1.3 Criteria- 2	The Bidder registered as private or public insurance companies shall be registered with the Insurance Regulatory and Development Authority of India (IRDAI) as TPA for at least last three consecutive financial years.	Modification- The Bidder shall be registered with the Insurance Regulatory and Development Authority of India (IRDAI) as TPA for at least last three consecutive financial years.

Pre-Bid Queries Response dated 06.10.2020

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	Refer	Tender Document	Details as per RFP	Query	Response from NHA
1	Page No. 1	RFP	RFP Number: S.12017/86/2020-NHA	In CPP Portal RFP number is mentioned as "S.12017/48/2020-NHA"	As per corrigendum
1	Page No. 13 Point No. 3.1.3 Sub point 2	RFP	The Bidder registered as private or public insurance companies shall be registered with the Insurance Regulatory and Development Authority of India (IRDAI) as TPA for at least last three consecutive financial years	Since tender is called for ISA, it should change as ISA / TPA instead of private or public insurance companies.	As per corrigendum
1	Page No. 14 Point No. 4	RFP	Audited Balance Sheet and Profit and Loss Statement with Auditors' Report for the preceeding three fiscal years (2016-17, 2017-18 & 2018-19)	Can Financial year can be changed to 2017-18, 2018-19 & 2019-20 ?	As per RFP
1	Page No. 25 Point No. 7.6.1	RFP	<u>Fee for Service</u> 1. cost of procesing Per IPD claim 2. Cost of processing per OPD claims (10% of cost of processing per IPD claim)	Do we separately quote the prices for OPD claims or what ever the price quoted for Per IPD claims holds good. Please clarify?	Separately quote the price for OPD also as per RFP
1	Page No. 33 Point No. 3	Schedule	1. PPD 2. CEX & 3. CPD Doctors	Can we consider Non-MBBS (like BAMS, BHMS etc..) doctors for processing or Only MBBS doctors are allowed?	As per RFP
2	RFP1 / 3.1.3 (5) / 14	RFP	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 preceeding financial year preceding Bid Due Date	Can we provide the Declaration/ Undertaking/ Certificate from our Statutory Auditor to this affect?	As per RFP

Bidder	Refer	Tender Document	Details as per RFP	Query	Response from NHA
2	RFP1 / 3.3 / 14	RFP	The Bidder shall furnish as part of its Bid, a bid security for a sum or Rs. 30,00,000 (Rupees Thirty lakhs) (the “ Bid Security or EMD”).	Can we use the instrument submitted (and refunded) earlier? OR Can we have a provision of Online Payment, in addition to the off-line options mentioned in the RFP	As per RFP
2	RFP1 / 7.6 / 25	RFP	Fee for Services - the Bidder shall quote Fees for all the activities as mentioned in the RFP document including HR required to carry out the activities related to e-card approval, IPD & OPD claim processing, audit and other relevant work in reference to scheme implementation,	1. Does BIS activity form part of the scope of ISA 2. There are only 2 components (IPD and OPD) in the financial bid, so we assume that cost of BIS approvals to be included under these heads (if point above is 'yes') 3. For OPD, it is mentioned as 10% of cost of processing per IPD claims - does this mean, we should quote only up to 10% of what we quote for IPD and not beyond (upper ceiling)	Yes. The understanding is correct.