



# **Responses to Pre-bid queries and Corrigendum No. 1**

**To**

## **Request for Empanelment (RFE) “Empanelment of Beneficiary Facilitation Agencies (BFA) for PM-JAY”**

RFE Number: S-12018/166/2021-NHA

Date of Publishing RFP: 27.07.2021

Date of Publishing 1<sup>st</sup> Corrigendum: <16.08.2021>

National Health Authority (NHA) has decided to make the following changes in the RFP schedule as described in the tables below-

**Volume – I**

S. No.	RFP Section Reference	RFP Clause	Modification/Change/Insertion
1	Section 7.2: Qualification criteria, point # 3 (Financial Capability), page # 46	Minimum annual turnover of the bidder should be Rs. 50 crores during each of the three previous financial years (2018-19, 2019-20 and 2020-21)	<p><b><u>To be read as under</u></b></p> <p>Minimum annual turnover of the bidder should be Rs. 30 Crores during each of the three previous financial years (2018-19, 2019-20 and 2020-21)</p> <p><b>AND for Start-ups- Minimum annual turnover of the bidder should be Rs. 15 Crores during each of the two previous financial years (2019-20 and 2020-21).</b></p> <p><b>Start-ups are defined as under-</b></p> <p>An entity shall be considered as a 'Start-Up'-</p> <p>a) Up to ten years from the date of its incorporation/registration- <b>certificate from Company Secretary of bidder/Key managerial personnel (key managerial personnel as defined in Indian Companies Act)</b></p> <p>b) If its turnover for any of the financial years has not exceeded <b>Rs 100 (Rupees One Hundred) Crore- Certificate from Statutory Auditor</b></p> <p>c) It is working towards innovation, development, deployment or commercialisation of new products, processes or services driven by technology or intellectual property;- <b>certificate from</b></p>

S. No.	RFP Section Reference	RFP Clause	Modification/Change/Insertion
			<p><b>Company Secretary of bidder/Key managerial personnel (key managerial personnel as defined in Indian Companies Act)</b>  d) Provided further that in order to obtain benefits a start-up so identified under the above definition shall be required to obtain a certificate of an eligible business from the Inter-Ministerial Board of Certification- <b>copy of certification</b>  <b>Bidders qualifying as Start-ups and availing the turnover criteria defined for Start-ups above must submit the requisite documents for supporting sub-points (a-d) defined above.</b>  <b>MSEs are also eligible for the turnover criteria mentioned above for Start-ups. Such MSEs are required to submit certification of MSE issued by Ministry of Micro, Small &amp; Medium Enterprises</b></p>
2	Section 7.2: Evaluation Criteria Qualification Criteria #4 (Bidders Experience), pg. 46	The Bidder shall have experience of implementing at-least 2 (two) similar projects in data processing/ document handling/ claims processing in any of the last 3 (three) years ( <b>FY 2020-21, FY 2019-20, FY 2019-18</b> ) preceding the Bid Submission Due Date. Only such projects where number of people deployed is at least 50 will be considered.	<p><b><u>To be read as under</u></b>  1. The Bidder shall have experience of implementing at-least 2 (two) similar projects in data processing/ document handling/ claims processing in any of the last 3 (three) years (FY 2020-21, FY 2019-20, FY 2019-18) preceding the Bid Submission Due Date</p> <p>AND for Start-ups-</p> <p><b>1. The Bidder shall have experience of implementing at-least 1 (one) similar projects in data processing/ document handling/ claims processing in any of the last 2 (two) years (FY 2020-21, FY 2019-20) preceding the Bid Submission Due Date</b></p> <p><b>Start-ups are defined as above in Serial No. 1</b></p>

S. No.	RFP Section Reference	RFP Clause	Modification/Change/Insertion
3	Section 8.1.5: Payment Terms 2. (a) pg. 49	The payment/invoicing shall be done (after deducting TDS) on a quarterly basis upon submission of invoice by the BFA to SHA	<p><b><u>To be read as under</u></b></p> <p>The payment/invoicing shall be done (after deducting TDS) on Quarterly basis upon submission of invoice by the BFA to SHA</p> <p><b>OR the payment terms as may be decided by the SHA through the RFQ</b></p>
4	Section 4.2 Detailed Scope of Work #7 (i), pg.13	Non-compliance of labour laws and statutory compliance	<p><b><u>To be read as under</u></b></p> <p><b>N/A</b></p>
5	Section 4.2.2 Minimum Qualification and Requirements #23. pg. 17	<p>The BFA shall pay applicable minimum wages to the PMAM as provided for the level of semi-skilled labour.</p> <p>Further, benefits under all applicable labour laws and statutory compliances such as ESIC, EPF etc. should be ensured.</p> <p>The payment to the PMAM should be made through bank transfer. SHA &amp; NHA is at liberty to verify/audit compliance in this regard. Any violation of this clause may be treated as service deficiency.</p>	<p><b><u>To be read as under</u></b></p> <p><b>N/A</b></p>

Annexure – II

**State/UT wise authorized hospital admissions data**

State/UT	Authorized Hospital Admissions (#)
Andaman and Nicobar Islands	667
Andhra Pradesh	12,45,959
Arunachal Pradesh	1,813
Assam	2,56,866
Bihar	2,90,641
Chandigarh	11,663
Chhattisgarh	15,81,232
DNH and DD	68,153
Goa	10,287
Gujarat	24,43,335
Haryana	2,96,431
Himachal Pradesh	97,534
Ladakh	1,650
Jammu and Kashmir	2,05,407
Jharkhand	8,76,344
Karnataka	16,16,522
Kerala	25,34,760
Lakshadweep	1
Madhya Pradesh	8,77,451
Maharashtra	5,09,675
Manipur	37,502
Meghalaya	2,91,820
Mizoram	56,305

Nagaland	19,333
Puducherry	6,509
Punjab	7,75,660
Rajasthan	13,36,147
Sikkim	4,112
Tamil Nadu	32,90,155
Tripura	1,00,473
Uttar Pradesh	7,82,949
Uttarakhand	3,13,797
West Bengal	17,636

**Terms of reference of District Supervisors, State Project Manager and National Nodal Officer**

**District Supervisory Officer**

The Nodal person for the Project at the District level must ideally possess the following capabilities:

- Technically qualified
- Basic professional experience of leading a unit of 5-10 people
- Ability to interface with District officials such as Chief Medical Officer and DIU personnel
- Provide leadership and support to PMAMs
- Ensure fulfillment of contractual obligations
- Effectively build and sustain relationships across empanelled hospitals in region

**State Program Manager**

The Nodal person for the Project at the State level must ideally possess the following capabilities

- Technically qualified with experience of leading big teams (25-50) of similar nature
- Adequate professional experience
- Ability to interface with State Health Agencies and District officials such as CMO and DIU personnel
- Provide leadership and support to PMAMs and District Supervisory Officers
- Effectively build and sustain relationships across
- Highly organized with the ability to navigate dynamic situations

**National Nodal Officer**

The Nodal person for the Project at the National level must ideally possess the following capabilities:

- Technically qualified with a Master's degree in Management or Social Work or a focus in healthcare management

- Adequate experience of working in a public sector, social impact or similar kind of private sector ecosystem
- Ability to interface with wide variety of stakeholders including senior Govt. officials, hospital administrators
- Ability to undertake deep dives into deployment sites to evaluate the working of the PMAMs
- Effectively build and sustain relationships across the value chain
- Highly organized with the ability to navigate dynamic situations



Responses to Pre-bid queries

S. No.	RFP Section Reference	RFP Clause	Queries	Responses to Queries
1	Section 4.2.1: Suggestive Deployment Schedule #1. Pg. 13	<p>Arogya Mitras will be placed at respective Public EHCP as specified by SHAs. At least one Arogya Mitra should be placed in each empaneled hospital. The exact numbers of Arogya Mitras to be placed shall be dependent on the average case-load per day. The placement norms of Arogya Mitras based on average cases registered per day is given below:</p> <p>a) 0-10 Cases – 1 Arogya Mitra  b) 10-20 Cases – 2 Arogya Mitras  c) 20-30 cases- 3 Arogya Mitras  d) Above 31 Cases – 4 Arogya Mitras</p>	<p>1. Please share the location wise Daily/Monthly cases registered at EHCP ( Trend of YoY)</p> <p>2. How is the definition of Average Case Load arrived at? For e.g. if patient registers and then leaves without treatment, then what should that be counted as case load?</p>	<ul style="list-style-type: none"> <li>• Authorized hospital admissions data for State/UTs implementing PM-JAY as on 31<sup>st</sup> July 2021 is provided in the Corrigendum.</li> <li>• Average Case-load per day is defined as average number of pre-authorizations approved per day</li> </ul>

S. No.	RFP Section Reference	RFP Clause	Queries	Responses to Queries
2	Section 4.2.2: Minimum Qualification and Requirements, introduction and #3, pg. 15	<p>Note- Prior to deploying the candidates as Arogya Mitra's at Public EHCP, the Beneficiary Facilitation Agency shall ensure continuous training including related to soft skills. Training should be done as per the training material and modules prescribed by SHA and National Health Authority and easily available on their respective websites, so that they are able to discharge their responsibilities effectively and efficiently.</p> <p>Completed the Pradhan Mantri Arogya Mitra Training Course and passed the respective course exam/certification within 90 days of deployment.</p>	<p>1. Will there be any Train the Trainer session given to the Agency? This will be required to deliver the training to the Agents/Arogya Mitra</p> <p>2. What is the duration and location of the training?</p>	<p>Training of Trainers will be organized for resources at the time of onboarding of BFA and prior to deployment at empanelled hospitals. State Health Agencies that shall onboard the empanelled BFA via RFQs shall communicate the training details and schedule to the BFA.</p> <p>The certification of PMAMs will be provided in online mode. However, SHA onboarding the Beneficiary Facilitation Agency may customize the training requirements as per local conditions.</p>
3	Section 4.2.2: Minimum Qualification and Requirements #8, pg. 15	The indicative list of the equipment required to be installed by the Beneficiary Facilitation Agency at each	<p>1. For Desktop - Is dual monitor required?</p> <p>2. For Scanner - please provide the specification such as color</p>	<ul style="list-style-type: none"> <li>• Dual monitor desktop won't be required</li> </ul>

S. No.	RFP Section Reference	RFP Clause	Queries	Responses to Queries
		<p data-bbox="646 277 1029 386">EHCP for proper Functioning of PMAM includes following but not limited to :-</p> <ul data-bbox="646 435 1029 1136" style="list-style-type: none"> <li data-bbox="646 435 1029 505">• Computer/ laptop with the latest browser;</li> <li data-bbox="646 513 1029 548">• QR Code Scanner;</li> <li data-bbox="646 557 1029 662">• Document scanner to scan requisite documents;</li> <li data-bbox="646 670 1029 740">• Printer to print the Ayushman card;</li> <li data-bbox="646 748 1029 784">• Web camera for photos;</li> <li data-bbox="646 792 1029 862">• Device for fingerprint and Iris biometrics</li> <li data-bbox="646 870 1029 1136">• Stamp “Ayushman Bharat PM-JAY Beneficiary” and “Non Ayushman Bharat PM-JAY Beneficiary” or as per the name of the scheme in the State</li> </ul> <p data-bbox="646 1144 1029 1369">PMAM must ensure maintenance of various hardware (Desktop, printer, QR scanner etc.) and other consumables and replenish the same on periodic basis.</p>	<p data-bbox="1050 277 1467 347">or black &amp; white scanner, DPI etc.</p> <p data-bbox="1050 355 1467 540">3. Who will provide the Stationery for printing the card? Please share the specifications for paper material used for Ayushman card</p>	<ul data-bbox="1488 277 1896 586" style="list-style-type: none"> <li data-bbox="1488 277 1896 428">• Appropriate document scanner with an option for color and gray-scale scanning may be provided</li> <li data-bbox="1488 477 1896 586">• At empanelled hospitals, Ayushman Card is printed on A4 size paper</li> </ul>

S. No.	RFP Section Reference	RFP Clause	Queries	Responses to Queries
4	Section 4.2.2: Minimum Qualification and Requirements, #17 and #18, pg. 16-17	<p>The agency shall appoint one Nodal Officer at national level who shall co-ordinate with NHA and SHA related to this empanellment.</p> <p>The Beneficiary Facilitation Agency shall also appoint one senior person to act as the Project Manager who shall sit in the office of SHA. All the District Nodal Persons shall report to the Project Manager who shall be responsible to administering the Service Agreement on behalf of the Beneficiary Facilitation Agency.</p> <p>The Beneficiary Facilitation Agency shall appoint at least one Supervisory Officer per district for appropriate supervision of compliance related to contract</p>	<p>1. Kindly share the detailed Job description for Nodal Officer including their educational background and years of experience. Similarly, would you be open to look at Graduates freshers?</p> <p>2. Do we have to hire experienced resources?</p> <p>3. What is the eligibility criteria? Any skill set requirement?</p>	Broad terms of reference for District, State and National nodal officers can be found in Corrigendum.
5	Section 4.3: Responsibilities of Arogya Mitra (b-d), pg. 27	b) Operating the Beneficiary Identification System to identify and	Please share the Average Handling Time for below:	<ul style="list-style-type: none"> <li>The average transaction time for BIS is 02 minutes</li> </ul>

S. No.	RFP Section Reference	RFP Clause	Queries	Responses to Queries
		<p>verify the beneficiaries entitled under PM-JAY;</p> <p>c) Operating the Transaction Management System such as submitting requests for Pre-Authorization, Updating Surgery/Treatment Details and Filing for Claims and replying to queries /additional information asked by the Insurance Company/SHA/ISA etc. Any medical information about the beneficiary should be provided based on information/document shared by officials of EHCP/Medco</p> <p>d) Operating the Hospital Empanelment Module and filling up all required details in HEM in consultation and approval from EHCP."</p>	<p>1. BIS - identifying and verifying the beneficiaries entitled</p> <p>2. TMS - submitting the requests for Pre-Authorization, Updating Surgery/Treatment Details and Filing for Claims and replying to queries /additional information asked by the Insurance Company/SHA/ISA etc. Any medical information about the beneficiary should be provided based on information/document shared by officials of EHCP/Medco</p> <p>3. HEM - filling up all required details in HEM</p>	<ul style="list-style-type: none"> <li>• The time required to submit preauths on TMS is 02 to 05 minutes. The time required to update surgery/treatment details is 02 to 03 minutes. The time required to submit claims is 05 to 10 minutes. It may be noted that this is the time required to operate and upload the documents on TMS. However, additional time would be required to collect information from patients/attendants or treating doctors etc. Further additional time will be required to respond to the queries at the time of pre-authorizations and claims submissions.</li> <li>• Data entry on the Hospital Empanelment Module is a recurring activity and only periodic updates are required. It is not a daily</li> </ul>

S. No.	RFP Section Reference	RFP Clause	Queries	Responses to Queries
				activity unlike BIS/TMS transactions.
6	Section 4.3: Responsibilities of Arogya Mitra, <b>Role of PMAM in HEM</b> (1) pg. 31	PMAM's deployed through BFA should be responsible for filling up the application form on HEM portal and updating information pertinent to hospital empanelment on behalf of the EHCP. This may happen under the overall supervision and concurrence of relevant officials at the EHCP. The PMAM should also update the hospital human resource details on system.	1. What would be the frequency of uploading the details? Daily/Weekly/Monthly 2. Please share the AHT required for uploading the details	Hospital Empanelment Module (HEM) allows for registration and approval of hospitals for empanelment. Hospitals registered on HEM portal are required to provide additional details from time to time. Features for Hospital Quality Assurance are also being made available in this system.  May refer to the answer to #5 for the reminder of the query.
7	Section 4.3: Responsibilities of Arogya Mitra, <b>Role of PMAM in HEM</b> (2) pg. 31	Further, PMAM's deployed through BFA will also be responsible from time-to-time for uploading the details of the EHCPs and the doctors engaged therein on other platforms managed by NHA such as National Digital Health Mission. This activity may occur under the supervision of the relevant	1. Please share the details of the portal 2. What would be the frequency of uploading the details? Daily/Weekly/Monthly 3. Please share the AHT required for uploading the details	Data entry on the platforms of National Digital Health Mission is a recurring activity but only periodic updates are required. It is not a daily activity unlike BIS/TMS transactions.

S. No.	RFP Section Reference	RFP Clause	Queries	Responses to Queries
		authorities and with the consent of the concerned entities/individuals.		
8	Section 4.3: Responsibilities of Arogya Mitra, 5(j), pg. 29	Upon advice of the doctor admit the patient in the EHCPs with bio authentication	In case Biometric not working for the patient due to issue with hand or fingers - what process should be followed by the Arogya Mitra?	Please refer to the relevant guidelines from PM-JAY website, amended from time to time. <a href="https://pmjay.gov.in/">https://pmjay.gov.in/</a>
9	Section 4.2.2: Minimum Qualification and Requirements #22, pg. 17	The monitoring of the working of Arogya Mitras shall be done by the SHA. However, they shall report on every working day to the concerned EHCP only and attendance shall have to be marked everyday by Arogya Mitras at EHCP.	What are the shift timings & number of working days?	Arogya Mitras have to be deployed for such hours in so many days of the week for the hospital in which he/she is deployed as PMAMs operates. This is subject to statutory regulations on number of working hours.
10	Section 8.1.1: Award of empanelment #2, pg. 49	NHA shall issue letter of award for the empanelment for the selected firms.	What is the count for empanelled vendors?	All eligible agencies would be empanelled
11	Section 4.4: Role of SHAs #13, pg. 31	The contract is awarded to such agency only which has no conflict of interest i.e. such agency should not be working as IC/ISA/TPA or	Clarity is required on the definition of "conflict of interest" since we are a TPA providing services to State	Please refer to Clause 4.4 (Point No.13) Under Vol.1 of RFE

S. No.	RFP Section Reference	RFP Clause	Queries	Responses to Queries
		Ayushman card approver agency or audit agency in the State.	Health Agency of Uttar Pradesh i.e. SACHIS	
12	Section 4.3: Responsibilities of Arogya Mitras, 5(i) Pg. #29	The PMAM shall be stamping all the IPD admission slips as either Ayushman Bharat Beneficiary or not. This shall be mandatorily done.	<ol style="list-style-type: none"> <li>1. Please share location wise IPDs and OPDs cases</li> <li>2. Is there any data entry required for IPDs &amp; OPDs cases in BIS/TMS/HEM portal?</li> </ol>	<ol style="list-style-type: none"> <li>1. The State/UT wise list of authorized hospital admissions is provided in Corrigendum.</li> <li>2. BIS portal allows for verifying beneficiaries through SECC or additional datasets and supports Aadhaar eKYC (electronic Know Your Customer) and non-Aadhaar based KYC for authentication.</li> <li>3. Transaction Management Systems (TMS) portals allows for capturing of in-patient data on admission, treatment and discharge, and onwards to hospitals claims and financial settlement. It is integrated with other State based and external systems.</li> <li>4. No data entry is required for OPD cases . However, IPD cases of PM-JAY maybe recorded in BIS/TMS depending on requirements. Further, if IPD cases screened by PMAM are found to be PM-JAY</li> </ol>



S. No.	RFP Section Reference	RFP Clause	Queries	Responses to Queries
				beneficiaries, the same shall be recorded in the TMS and/or BIS portal.
13	Section 7.2: Bidders Experience, pg. 46	The Bidder shall have experience of implementing at-least 2 (two) similar projects in data processing/ document handling/ claims processing in any of the last 3 (three) years (FY 2020-21, FY 2019-20, FY 2019-18) preceding the Bid Submission Due Date. Only such projects where number of people deployed is at least 50 will be considered.	We have contracts where we get billed per case and clients are not interested in with how many people hence they will write the billing amount and work being performed in experience certificate but may be apprehensive of writing the headcount deployed by us. Hence we would like to request your assistance in removing this 50 manpower criteria	The clause stays as it is. However, the parties may furnish a certificate attested by the client as to the number of manpower deployed in the project.