

REQUEST FOR PROPOSAL (RFP)

ON

CENTRAL GOVERNMENT EMPLOYEES

AND

PENSIONERS HEALTH INSURANCE SCHEME

(CGEPHIS)

- 2010-

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CENTRAL GOVERNMENT EMPLOYEE'S & PENSIONERS HEALTH INSURANCE SCHEME

Ministry of Health & Family Welfare
Nirman Bhawan
Government of India

Request for Proposal (RFP) is invited from General Insurance Companies (Licensed and Registered with IRDA) dealing with Health Insurance for implementation of Central Government Employee's & Pensioners Health Insurance Scheme (CGEPHIS) on Pan India basis.

Technical and Financial Bid documents can be downloaded from website mohfw.nic.in or can also be obtained in person from below mentioned address on any working day as per schedule given below between 11.00 A.M to 3.00 P.M.

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

The Technical bids will be evaluated by the Technical Bid Evaluation Committee duly constituted by the Ministry of Health & Family Welfare, GOI. Financial bids of only the technically acceptable offers shall be opened before the successful bidders. Following schedule will be observed in this regard.

1. Last date for availability of bid documents : 29/03/2010 (up to 15.00 hrs)
2. Pre bid Conference : 18/03/2010 (at 15.00 hrs)
3. Last date for submission of bid documents : 30/03/2010 (up to 15.00 Hrs)
4. Opening of technical bids (Qualifying Criteria): 02/04/2010 (at 11.00 hrs).
5. Evaluation of Financial bids : Date will be declared later on.

Complete RFP documents should be submitted at the address mentioned below not later than 15.00 Hrs by 30th day, March, 2010. Bids received later than the prescribed date and time will not be considered for evaluation

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Email: vpsingh1962@gmail.com

All correspondence / communications on the scheme should be made at the above address only.

CENTRAL GOVERNMENT EMPLOYEE'S & PENSIONERS HEALTH INSURANCE SCHEME (CGEPHIS)

Central Government Employees and their family members living in CGHS area are getting medical benefit in 24 cities [Ahmadabad, Allahabad, Bangalore, Bhopal, Bhubaneswar, Chandigarh, Chennai, Delhi (including Noida, Gurgaon, Faridabad, and Ghaziabad), Dehradun, Guwahati, Hyderabad, Jabalpur, Jaipur, Kanpur, Kolkata, Lucknow, Meerut, Mumbai, Nagpur, Patna, Pune, Ranchi, Shillong and Thiruvanthapuram] and those living outside the CGHS areas are entitled to reimbursement for medical attendance and treatment under the Central Services (Medical Attendance) Rules [CS(MA) Rules], 1944. These CS (MA) Rules, however, are available only to the serving Government employees and pensioners are not covered under these rules. Pensioners living in non-CGHS areas are paid a sum of Rs.100 p.m. for meeting their medical expenditure.

With increasing pressure on CGHS and the availability of a wider network of health service providers in the private sector across the country, Government of India proposes to provide Inpatient Health Care Services to all personnel of the Central Government including All India Service officers, serving and retired, and others who are covered under the existing CGHS (Central Government Health Services) and under CS (MA) Rules through Health Insurance Scheme meeting health care requirements. The proposed Scheme shall be on voluntary basis for existing employees and pensioners and compulsory for future employees and pensioners.

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

With the introduction of Central Government Employees & Pensioners Health Insurance Scheme (CGEPHIS), the Central Government Employee (existing/ retired) will have the choice to select the best available health facilities for meeting their health care and can get best available treatment in their nearby area.

The Ministry of Health & Family Welfare, Government of India, Nirman Bhawan, New Delhi invites competitive sealed RFP from IRDA registered General Insurance Companies dealing with Health Insurance and having requisite experience etc as detailed in RFP documents. Financial bids of only those companies that qualify in the technical bid scrutiny will be opened.

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

Notwithstanding anything contained in this document, Central Government/ Nodal Agency reserves the right to accept or reject any Bid or annul the Bidding process and reject all Bids at any time without any liability or any obligation for such rejection or annulment, without assigning any reasons thereof.

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PART – I SECTION - A

THE SALIENT FEATURES OF CENTRAL GOVERNMENT EMPLOYEES AND PENSIONERS HEALTH INSURANCE SCHEME

1. NAME OF THE SCHEME:

The name of the proposed scheme is “Central Government Employees & Pensioners Health Insurance Scheme (CGEPHIS)”.

2. BENEFICIARIES:

All personnel of the Central Government including All India Service officers, Serving, Newly Recruited, Retired and Retiring who are covered under the existing CGHS (Central Government Health Services) and under CS (MA) [Central Services (Medical Attendance) Rules shall be offered Health Insurance Scheme on voluntary or on compulsory basis as indicated below:

1. CGEPHIS shall be compulsory to new Central Government Employees who would be joining service after the introduction of the Health Insurance Scheme.
2. CGEPHIS shall be compulsory to new Central Government retirees who would be retiring from the service after the introduction of the Health Insurance Scheme.
3. CGEPHIS would be available on voluntary basis for the following:
 - a. Existing Central Government Employees and Pensioners who are already CGHS beneficiaries. In this case they have to opt out of CGHS scheme. They will also have the option of choosing both CGHS and CGEPHIS. In such case the total insurance premium has to be borne by the Member.
 - b. Existing Central Government Employees covered by CS (MA) Rules and Pensioners who are not CGHS beneficiaries. The benefit of CS (MA) shall not be available to the employees opting for CGEPHIS.

3. TARGET GROUP:

All personnel of the Central Government including All India Service officers, serving and retired, who are covered under the existing CGHS and under CS (MA) Rules shall be offered the Health Insurance Scheme. It is estimated that approximately 17 lakh Serving Employees and 8 lakh Pensioners shall be offered this Scheme on compulsory / optional basis.

4. INSURANCE COVERAGE:

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

NOTE:

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

- b) **COVERAGE OF PRE-EXISTING DISEASES:** All diseases under the Scheme shall be covered from day one. A person suffering from any disease prior to the inception of the policy shall also be covered.
- c) **PRE & POST HOSPITALIZATION BENEFIT:** Benefit upto 30 days Pre Hospitalization & upto 60 days Post Hospitalization respectively which would cover all expenses related to treatment of the sickness for which hospitalization was done.
- d) **DOMICILIARY HOSPITALIZATION:** The Scheme would also cover Domiciliary Hospitalization where the medical treatment for such illness/disease/injury requires as in-patient treatment at Empanelled Hospitals/Nursing Homes but actually taken whilst confined at home in India under the circumstances that:
- i) Beneficiary condition is such that he/she cannot be moved to a Empanelled Hospital/Nursing Home or
 - ii) If no room is available in Empanelled Hospitals/Nursing Home.

Note:

1. Beneficiary is required to obtain a Certificate from the Empanelled Hospital/Nursing in respect of condition i or ii above for availing the benefit under domiciliary hospitalization.
2. Beneficiary is required to have a Consultation and Advisory for treatment from same Empanelled Hospital /Nursing Home.

3. Pre and Post hospitalization benefit under this section would not be covered.
 4. Admissible claim amount shall be reimbursed to the beneficiary within 15 days by transferring the amount as per CGHS package rates into his/her bank account by the Insurer on submission of the complete documents from the beneficiary such as Claim form, Certificate from the Empanelled Hospital/Nursing Home for condition i or ii of d above, Prescriptions, Diagnostic reports, Cash memos/Receipts etc all in original to the Insurer.
- e) DAY CARE PROCEDURES: Given the advances made in the treatment techniques, many medical treatments formerly requiring hospitalization, can now be treated on a day care basis. The scheme would also provide for Day Care facilities for such identified procedures under following heads:
1. Eye Surgery
 2. Surgery of Nose/Throat / Ear
 3. Surgery of Urinary System
 4. Genital Surgery
 5. Operations on The Breast
 6. Dental
 7. Few Gastrointestinal Surgery
 8. Operation of the skin and subcutaneous tissue.
 9. Chemotherapy /Radiotherapy
 10. Treatment related to dog bite/snake bite etc.
 11. General Surgery/ Procedures
 12. Treatment of fractures/dislocation, Contracture releases and minor reconstructive procedures of limbs which otherwise require hospitalization
 13. Reconstructive Surgeries
 14. Other Operations /Procedures
 15. Laparoscopic therapeutic surgeries under day care
 16. Identified surgeries under General Anesthesia or any procedure mutually agreed upon between insurer and health care provider.

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

In Annexure-13: Few procedures have been listed against the head mentioned above. Insurer is required to add more Day Care Procedures in the list.

- f) THE EXPENSES INCURRED FOR TREATMENT TAKEN IN EMPANELLED HOSPITALS/ NURSING HOMES by the beneficiaries suffering from such disabilities as defined in "Section 2 (i) of the person with disabilities (equal opportunities, protection of rights and full participation) Act, 1995 (No: 1 of 1996)" which includes blindness, low vision, leprosy-cured, hearing

impairment, locomotors disability, mental retardation, mental illness etc. are also payable irrespective of age and income limit.

g) MATERNITY AND NEWBORN BENEFITS:

A. Maternity benefit

1. This means treatment taken in Empanelled Hospital/Nursing Home arising from pregnancy including Normal Delivery / Caesarean Section/ Miscarriage and or abortion induced by accident or other medical emergency.
2. This benefit would be limited to only first two living children in respect of Dependent Spouse/Female Employee covered from day one under the policy, without any waiting period.

B. Newborn benefit

1. Newborn child (single/twins) to an insured mother would be covered from day one upto the expiry of the current policy for the expenses incurred for treatment taken in empanelled Hospitals/Nursing Homes as In-patient during the currency of the policy. However, next year the child could be covered as a regular member of the family subject to size of the family.
2. In first pregnancy, if, twins are born, the benefit will cease for second pregnancy. However, if, in the second pregnancy twins are born, both babies will be covered till the expiry of the current policy.

5. FAMILY SIZE:

1. Serving/Retired Employees: Self, Spouse, Two dependent children and upto Two Dependent Parents. New born shall be considered insured from day one till the expiry of the current policy irrespective of the number of members.

Note:

- i. For the policy period, new born would be provided all benefits under CGEPHIS and will NOT be counted as a separate beneficiary.
 - ii. Verification for the new born could be done by any of the existing family members who are getting the CGEPHIS benefits.
 - iii. Beneficiary is required to enroll new born child at the time of renewal of the policy prior to expiry of the policy.
2. Any Additional Dependent Beneficiary in addition to above [Sr. No. 5 (1)] can be covered under the Scheme by paying the fixed amount of premium. This additional full premium shall be borne by the beneficiary.
 3. All Members (Serving/Retired Employees) shall remain insured till they are the member of the scheme unless withdrawn from the Scheme.

A. Age limit of dependent beneficiary for the purposes of CGHS and CS (MA) Rules 1944 includes:-

1. Son - Till he starts earning or gets married or attains the age of 25 years, whichever is earlier;
2. Daughters - Till she starts earning or gets married, irrespective of age limit whichever is earlier. Further, Dependent divorced/abandoned or separated from their husband and widowed daughters - irrespective of age limit.
3. Sisters - Dependent unmarried /widowed / divorced/ abandoned / separated from their husband - irrespective of age limit.
4. Daughter in law- Widowed - irrespective of age limit.
5. Brothers - Upto the age of becoming a major.
6. Dependent Parents_-As per condition of eligibility.

B. Income limit for dependency of family members - If monthly income from all sources of income is less than Rs. 3,500/- per month plus dearness allowance of the family member, then the following would be entitled to be treated as dependant on the employee:

1. Parents
2. Sisters
3. Widowed Sisters/Widow Daughter -in-law.
4. Widowed / Divorced / Separated Daughters,
5. Brothers
6. Step mother
7. Children.

NOTE:

- a. Female employee shall have the option to cover her dependent Parents as per the definition of income dependency. Once this option is applied, the same can not be changed in future.
- b. The definition of dependent shall be as per guidelines issued by Central Government from time to time.

C. Addition & Deletion of Family Members during currency of the policy:

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

Note: Any change in the entitlement of the category of the beneficiary shall not be permissible during the currency of the policy. The changed entitlement shall be effective from the renewal date. The request is to be made by the beneficiary 60 days prior to the expiry of the policy.

D. New Employees/Retirees

- a) As regards the new incumbents/new pensioners the coverage in the Insurance Scheme is compulsory. The data of such employees/pensioners will be collected from the various departments.
- b) The Pay and Account Offices of all the Ministries/Departments would provide the data to the insurer. Each of the New Employee/New Pensioners of the Ministry/Department would be provided with the enrollment form which needs to be filled in and submitted to the respective Ministry which will consolidate all the forms and forward the same to the Nodal Officer/Ministry on monthly basis.
- c) The said employees would have to be covered in the Insurance Scheme from the date of joining/retirement. Thus for them the inclusion in the policy will be made by charging the pre defined monthly prorata premium rate which would be less than the yearly premium rate.

6. IDENTIFICATION OF FAMILY:

Beneficiaries shall be identified by a “Photo Smart Card” issued by the insurer to all beneficiaries which would have all personal details, medical history, policy limits etc. of the CGEPHIS Members. This card would be used across the country to access Health Insurance Benefits. The photograph embedded in the chip of the Smart Card will be taken as the proof for determining the eligibility of the beneficiaries.

7. SUM INSURED AND BUFFER / CORPORATE SUM INSURED

A. SUM INSURED:

The Scheme shall provide coverage for meeting all expenses relating to hospitalization of beneficiary up to Rs. 5, 00,000/- per family per year in any of the Empanelled Hospital/Nursing Home subject to CGHS Package Rates on cashless basis through smart cards. The benefit shall be available to each and every member of the family on floater basis i.e. the total reimbursement of Rs. 5.00 lakh can be availed by one individual or collectively by all members of the family. Additional dependent beneficiary shall get the benefit within the basic Sum Insured of Rs. 5.00 lakh.

All benefits shall be available to the CGEPHIS beneficiaries as per CGHS packages. These rates have three categories i.e. Private Ward, Semi Private Ward and General Ward. Entitlement to the beneficiaries is defined under clause 11A (n).

B. BUFFER / CORPORATE SUM INSURED:

An additional Sum Insured of Rs. 25 Crore shall be provided by the Insurer as Buffer/Corporate Floater. This will be used in case hospitalization expenses of a family exceed the original sum insured of Rs 5.00 lakhs. Insurer is required to inform the Nodal Agency with the details on case to case basis electronically.

8. PAYMENT OF PREMIUM:

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

To ensure a certain degree of stability in premiums at least for a period of 3 to 5 years, Insurers are required to quote the premium for various ranges as quoted below.

- I. 1, 00,000 - 2, 00,000 families with a minimum guaranteed number of 1, 00,000 families as a first slab.
- II. 2, 00,001 - 3, 00,000 families with a minimum guaranteed number of 2, 00,000 families as a second slab.
- III. 3, 00,001 - 4, 00,000 families with a minimum guaranteed number of 3, 00,000 families as a third slab.
- IV. 4, 00,001 - 5, 00,000 families with a minimum guaranteed number of 4, 00,000 families as a fourth slab.
- V. 5, 00,001 - 6, 00,000 families with a minimum guaranteed number of 5, 00,000 families as a fifth slab.
- VI. 6, 00,001 - 7, 00,000 families with a minimum guaranteed number of 6, 00,000 families as a sixth slab.
- VII. 7, 00,001 - 8, 00,000 families with a minimum guaranteed number of 7, 00,000 families as a seventh slab.
- VIII. These numbers will consist of both serving and retired employees.
- IX. Insurer is required to quote rates for three categories per slab in respect of General Ward, Semi Private Ward and Private Ward.
- X. L-1 will be considered from the first slab of 1, 00,000 assured families based on the lowest quote of Semi Private Ward. However, in the first slab and in next slabs, best lowest offer from each category shall be picked up from the financial quotes given by the bidders in their financial bid and shall ask the L - 1 to match the same.
- XI. 1, 00,000 families shall be taken as assured beneficiaries for the first year and estimated advance premium shall be paid to the insurer on the basis of the rate agreed for Semi Private Ward.
- XII. If the enrolled families number exceeds the first slab, in such case, the premium shall be adjusted retrospectively according to next eligible slab in which families number will fall.
- XIII. Loading needs to be quoted by the insurer based on the claim ratio mentioned below. However, stage wise best lowest loading offer shall be picked up from the financial quotes given by the bidders in their financial bid and shall ask the L-1 to match the same. Loading shall be done on the basis of claim ratio under respective categories.

Stage wise <u>Claim Ratio</u> %	<u>Loading</u> %
Up to 100%	: Nil
101 to 120%	: %
121 to 140%	: %
141 to 160%	: %
161 to 180%	: %
Above 180%	: %

NOTE:

- a) The premium shall includes the Management cost, intermediary cost and burning cost (claims paid and outstanding) etc. If claim ratio is less, the premium can be taken care by refund clause mentioned at Sr. No. 9.
- b) The advance premium for 1.00,000 assured families will be paid in advance to the Insurer for the families to be enrolled during the policy period in respect of new joinees / retirees and exiting employees/pensioners. This premium will also take care of the families inadvertence missed for any reasons.
- c) The enrolment period shall be for 180 days in the case of retired employees from the date of introduction of the Scheme. In this case, full premium shall be paid. However, in case of existing employees the enrolment period shall be 60 days from the date of introduction of the scheme. No enrolment shall be allowed after fixed days from the date of introduction of the Scheme or as decided by the Nodal Agency. Full premium will be paid to the Insurer, if, the period of enrolment is extended, however, the policy end date shall be one.
- d) In the case of new joinees and new retirees, the enrolment will continue throughout the year. In this case, premium will be paid on pro rata basis based on monthly calculation.
- e) Insurer will submit the statement along with the details of enrolment in a prescribed format to the agency on weekly/fortnightly basis or required by the Nodal Agency.
- f) Insurer will immediately submit the details of the beneficiaries, in case the premium paid is utilized to the extent of 90%, enabling the GOI to release the provisional premium to take care of the enrolment of beneficiaries for the remaining period of policy.
- g) CGHS published rates on MOHFW website is of Semi Private Ward. 15% increase to these rates is applicable to Private ward. 15% decrease to these rates is applicable to General Ward.
- h) CGHS rates are likely to be revised in near future. It is expected to be increased approximately in the range of 10-15%, therefore, Insurers are required to consider this aspect while quoting the premium for the CGEPHIS scheme.

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

9. ADJUSTMENT OF SURPLUS PREMIUM/REFUND OF PREMIUM:

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

10. PERIOD OF INSURANCE AND PERIOD OF CONTRACT:

The Scheme will be introduced from a date agreed by the Central Government/Nodal Agency. The period of Insurance Contract will be for three years/ five years from the effective date; subject to renewal of policy on yearly basis based on parameters fixed by the Central Government/ Nodal Agency up to the period of contract. The Central Government shall have a right to enter into one year Insurance Contract.

11. ELIGIBLE HEALTH SERVICES PROVIDERS:

Both Public and Private Health Providers which provide hospitalization and/or a Day Care Services would be eligible for inclusion under the CGEPHIS, subject to such requirements for empanelment as agreed between the Central Government/Nodal Agency and Insurers.

CGEPHIS aspires to provide to all its beneficiaries high quality medical care services that are affordable. With this objective, it has prescribed National Accreditation Board for Hospitals & Healthcare Providers (NABH) Accreditation as minimum eligibility criteria for empanelment of both Public and Private hospitals.

The Hospitals/Nursing Homes interested to join the CGEPHIS should be accredited with NABH /JCI (Joint Commission International)/ACHS (Australia) or by any other accreditation body approved by International Society for Quality in Health Care (ISQua) as minimum eligibility criteria for empanelment of hospitals. In addition such Hospitals/Nursing Homes should have the following facilities:

- i) General purpose Hospital having 100 or more inpatient medical beds in Metro Cities and State Capitals and 50 or more inpatient medical beds in other cities with the following specialties :

General Medicine, General Surgery, Obstetrics and Gynecology, Paediatrics, Orthopedics (excluding Joint Replacement), ICU and Critical Care units, ENT

and Ophthalmology, (Dental specialty - desirable), Imaging facilities , in house laboratory facilities and Blood Bank.

ii) Specialty Hospitals (specialties list given below) Hospitals having less than 100 beds can apply as a specialty hospital provided they have at least 25 beds earmarked for each specialty applied for with at least 15 additional beds. Thus under this category a single specialty hospital would have at least 40 beds. However, under this category a maximum of three specialties is allowed.

- Cardiology , Cardiovascular and Cardiothoracic surgery
- Urology - including Dialysis and Lithotripsy
- Orthopedic- Surgery - including arthroscopic surgery and Joint Replacement
- Endoscopic surgery
- Neurosurgery

iii) Super-specialty Hospitals- with 150 or more beds with treatment facilities in at least three of following Super Specialties in addition to Cardiology & Cardio-thoracic Surgery and Specialized Orthopedic Treatment facilities that include Joint Replacement surgery:

- Nephrology & Urology incl. Renal Transplantation
- Endocrinology
- Neurosurgery
- Gastro-enterology & GI –Surgery incl. Liver Transplantation
- Oncology - (Surgery, Chemotherapy & Radiotherapy)

These hospitals shall provide treatment /services in all disciplines available in the hospital.

iv) Cancer Hospitals having minimum of 50 beds and all treatment facilities for cancer including chemo and radio-therapy (approved by BARC / AERB).

v) Specialty Eye Centers: Criteria is defined in Appendix - B

vi) Dental Clinics: Criteria is defined in Appendix - C

vii) Ayurveda, Naturopathy, Unani, Siddha: Guide lines for Empanelment of such Hospitals and package rates for procedures are being under process separately and shall be finalized shortly. The benefits to the beneficiaries shall be provided by the Insurer accordingly under CGEPHIS.

NOTE - A:

- a) Such Hospitals/Nursing Homes that obtained entry level pre accreditation certificate from NABH would also be eligible for empanelment under CGEPHIS.

- b) The Hospitals/Nursing Homes which are already empanelled under CGHS, if, desires to be get empanelled under CHEPHIS and are not accredited by NABH/JCI/ACHS/ ISQua are required to apply for NABH accreditation within two months from the date of empanelment under the Scheme.
- c) In addition to the NABH /JCI/ACHS/ ISQua/ NABL criteria as a base requirement, the Hospitals /Nursing Homes are required to fulfill the condition of agreeing to clause A and B mentioned below.
- d) Any Hospitals/Nursing Homes not applying to NABH within stipulated period shall be automatically de-paneled from the Scheme.
- e) In addition, the Empanelled Hospitals/Nursing Homes having in-house diagnostic Laboratories or using the linked diagnostic laboratories shall also apply for National Accreditation Board for Testing & Calibration Laboratories (NABL) certification of the Laboratory as per condition.

Note - B:

- 1) Hospitals/Nursing Homes that have already applied for /accredited under NABH/JCI/NABL shall inform the office of Insurer with supportive document.
- 2) Those applying to NABH/JCI for accreditation to join the CGEPHIS shall also agree to the CGHS package rates and other conditions stipulated in CGEPHIS for smooth implementation of the scheme.

A. Criteria for Empanelment of Hospitals/Nursing Homes in addition to the NABH /JCI / ACHS / ISQua/ NABL criteria.

- i. Fully equipped and engaged in providing Medical and/ or Surgical facilities. The facility should have an operational pharmacy and diagnostic services. In case health provider does not have an operational pharmacy and diagnostic services, they should be able to link with the same in close vicinity so as to provide 'cash less' service to the patient.
- ii. Those Hospitals/Nursing Homes undertaking surgical operations should have a fully equipped Operating Theatre of their own.
- iii. Fully qualified doctors and nursing staff under its employment round the clock.
- iv. Agreeing to the cost of packages for each identified procedures as approved under the CGHS scheme.
 - a) These package rates shall mean and include lump sum cost of inpatient treatment/day care/diagnostic procedures for which CGEPHIS beneficiary is admitted from the time of admission to discharge including (but not limited to) Registration charges, Admission charges, Accommodation charges including Patients diet, Operation Charges, Injection charges, dressing charges, Doctors/ Consultant visit charges, ICU/ICCU charges, Monitoring charges, Transfusion

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

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

c) No additional charge on account of extended period of stay shall be allowed, if, the extension is due to infection on the consequences of surgical procedure or due to any improper procedure.

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

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

f) Expenses incurred for treatment of new born are separately payable in addition to delivery charges to mother.

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

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

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

S. No.	Entitlement	Pay drawn in pay band/Basic Pension
1.	Private Ward	Rs. 19,540/- and above
2.	Semi-Private Ward	Rs. 13,960/- to 19,530/-
3	General Ward	Up to Rs. 13,950/-

1. Private ward is defined as a hospital room where single patient is accommodated and which has an attached toilet (lavatory and bath). The room should have furnishings like wardrobe, dressing table, bed-

side table, sofa set, carpet, etc. as well as a bed for attendant. The room has to be air-conditioned.

2. Semi Private Ward is defined as a hospital room where two patients are accommodated and which has attached toilet facilities and necessary furnishings.
3. General ward is defined as a hall that accommodates four to ten patients.

NOTE:

- a) Any change in the entitlement of the category of the beneficiary shall not be permissible during the currency of the policy. The changed entitlement shall be effective from the renewal date. The request is to be made by the beneficiary 60 days prior to the expiry of the policy.
 - b) Treatment in higher Category of accommodation than the entitled category is not permissible.
 - c) The applicable CGHS rates under the Scheme would be for the policy period and shall not be amended during the currency of the policy. Rates for such procedures which are not in the CGHS list, can only be considered, if, finalized during the policy period.
 - d) Procedures will be subject to Cashless services and a pre-authorization procedure, as per Clause - 12.
 - e) Single package rates for each State have been identified for the application of CGHS package rates uniformly in respective State.
- v) Maintaining the necessary records as required and the Insurer or his representative/Central Government/Nodal Agency will have an access to the records of the insured patient.
 - vi) Allowing the Insurer or his representative / Central Government / Nodal Agency to visit, carry out the inspection as and deemed fit.
 - vii) The Empanelled Hospitals/Nursing Homes be legally responsible for user authentication.
 - viii) Telephone, fax, Dedicated Personal Computer with Dual Core /Core 2 DUO processor and minimum 2 GB RAM supported by UPS. OS should be Windows. Dedicated Colour scanner with a minimum resolution 200dpi. Scalable Broad Band internet connectivity with minimum assured speed of 512kbps. Each empanelled Hospital/Nursing Home shall possess 2 smart card readers.
 - ix) These empanelled Hospitals/Nursing Homes must have the capacity to submit all claims / bills in electronic format to the Insurance Company and must

also have dedicated equipment, software and connectivity for such electronic submission.

- x) The provider should have suitable backup arrangements, so that in the event of any unforeseen situations, the affected portion of the data should be retrievable in totality.
- xi) In case the CGHS approved rates are more than what is being charged for same procedure from other (non-CGHS) patients or institutions, then the hospital has to offer the same reduced rates for the said procedure by allowing appropriate discount to CGEPHIS.
- xii) Any tax payable by the hospital to Government as per direction of CBTD, on account of service rendered to CGEPHIS beneficiaries, the same shall be deducted by the insurer and will be deposited to specific head. A certificate shall be issued by the Insurer accordingly.
- xiii) The Hospital agrees that any liability arising due to any default or negligence in providing or performance of the medical services shall be borne exclusively by the hospital who shall alone be responsible for the defect and / or deficiencies in rendering such services.
- xiv) Has to display its status of being a preferred provider of CGEPHIS at the reception/admission desks and to keep the displays and other materials supplied by the Insurer for the ease of beneficiaries, Central Government and Insurer.
- xv) Agrees to provide a separate help desk headed by paramedical for providing the necessary assistance round the clock to the CGEPHIS beneficiary.

B. Additional following Benefits to be Provided by Empanelled Hospitals/Nursing Homes to the CGEPHIS Beneficiaries:

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

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

C. Assistance from the Government for Empanelment:

The Central Government will on their part render all possible assistance viz.

- 1) For Empanelment of Public Hospitals in the country to give adequate health facilities for the treatment of the beneficiaries based on defined qualifying criteria.
- 2) To give all necessary support for organizing sensitization programmes for Public Hospitals.

- 3) To extend necessary support in providing space and other support for locating Help Desks at Public Hospitals/Nursing Homes/Day Care Clinics

D. Delisting of hospitals:

Empanelled Hospitals/Nursing Homes would be de-listed by the Insurer from the CGEPHIS network, if, it is found that guidelines of the Scheme are not followed by them and services offered are not satisfactory as per laid down standards. This information is to be uploaded on the website by the information regularly.

12. CASHLESS ACCESS SERVICE:

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

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

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

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

Once the identity of the beneficiary and/ or his/her family member is established by verifying the Photo Smart Card, Photo Smart Card shall be swiped for on line verification and following procedure shall be followed for providing the health care facility listed/not listed in packages:

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

- a. The RAL should reach the Authorization Department of Insurer within 6 hrs of admission in case of emergency or within 3 days prior to the expected date of admission, in case of planned admission.

- b. In failure of the above “clause a”, the clarification for the delay needs to be forwarded along with RAL by the Empanelled Hospitals/Nursing Homes.
- c. Treatment/Procedure Code is required to be selected from the packaged procedures and mentioned in RAL in case of listed procedure.
- d. The RAL form should be dully filled in all cases with clearly mentioned Yes or No. There should be No Nil, or Blanks, which will help in providing the outcome at the earliest. Along with RAL copies of diagnostic test reports should also be forwarded electronically.
- e. If, given medical data is not sufficient for the medical team of Authorization Department to confirm the eligibility, it will be responsibility of the Empanelled Hospitals/Nursing Homes to provide the complete details without any further delay, failing which it would be treated as violation of the norms.
- f. In case of non listed procedure, the Empanelled Hospitals/Nursing Homes and Insurer shall negotiate the cost of package based on the type of treatment required; the agreed amount shall become a package rate of that procedure.
- g. Insurer guarantees payment only after receipt of RAL and the necessary medical details. Only after Insurer has ascertained the rates as per CGHS prescribed rates and or negotiated the packages (if no rates are fixed by CGHS), with provider, shall issue the Authorization Letter (AL). This shall be completed within 12 hours of receiving the RAL and response shall be sent by the Insurer.
- h. Cashless treatment shall be given accordingly, without charging any money from the beneficiary.
- i. In case the ailment is not covered, Insurer can deny the authorization. In such case it would be the responsibility of the Empanelled Hospitals/Nursing Homes to inform the beneficiary accordingly.
- j. The Insurer needs to file a report to Nodal Agency explaining reasons for denial of every such claim on day to day basis electronically.
- k. Authorization letter [AL] shall have the authorization number and the amount guaranteed as per CGHS package rates and negotiated rates for such procedure for which package has not been fixed earlier.
- l. 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.
- m. The entry on the Smart Card at the time of admission as well at discharge would record the authorization number as well as package amount for listed procedure and agreed package amount by the Empanelled Hospitals/Nursing Homes and Insurer in case of non listed procedure. Negotiated package would be entered manually by the hospital since this would not be available in the package list on the computer.

- n. Having carried out these activities, the Insurer shall have to ensure that all data are uploaded on the Insured's server and a read-only access shall be provided, through a link, to each beneficiary and designated officials / departments as may be authorized by the MoHFW.

B. Business Contingency Plan (BCP) [Off Line Procedure]

In the event on-line system becoming inoperative for any reason, the insurer shall resort to the Business Contingency Plan by default (BCP).

On visit to an Empanelled Hospitals/Nursing Homes/Day Care Clinics, the beneficiary's details shall be verified. Once the identity of the beneficiary and/ or his/her family member is established by verifying the Photo Smart Card manually (Xerox copy of the Smart Card shall be kept by the Empanelled Hospitals/Nursing Homes for record purpose) following procedure shall be followed for providing the health care facility listed/not listed in packages in addition to procedure envisaged at Para 12 A:

- a. A manual pre-authorization form filled up and faxed to Insurer within 6 hours of admission along with copy of diagnostic reports.
- b. The same shall be authorized within a turnaround time of not more than 12 hours.
- c. Cashless treatment shall be given accordingly, without charging any money from the beneficiary.
- d. On completion of treatment discharge documents are signed.
- e. Having carried out these activities, the Insurer shall have to ensure that all data are uploaded on the Insured's server and a read-only access shall be provided, through a link, to each beneficiary and designated officials / departments as may be authorized by the MoHFW.

Note:

In 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 shall be paid under operating policy in which beneficiary was admitted.

13. RUN-OFF PERIOD

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

14. CLAIM SETTLEMENT

The Empanelled Hospital/Nursing Home shall be reimbursed the cost of treatment as per CGHS Package Rates with hospitals. The Insurance Company shall settle the claims of the Hospitals/Nursing Homes within 15 days of receipt of the complete bills along with the discharge summary and satisfaction letter of the patient. The claim

settlement progress will be scrutinized and reviewed by the Central Government/ Nodal Agency.

15. REPUDIATION OF CLAIMS

In case of any claim being found untenable, the Insurer shall communicate reasons to the Health Care Provider, Designated Authority of the Central Government / Nodal Agency with a copy to the Beneficiary. All such claims shall be reviewed by the Central Government on monthly /quarterly basis.

16. RIGHT OF APPEAL AND REOPENING OF CLAIM

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

17. REVIEW OF PAID CLAIMS

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

18. ENROLMENT:

The enrolment of the beneficiaries would be undertaken by the Insurance Company selected by Central Government/Nodal Agency. The Insurer shall enroll the beneficiaries as per procedure laid down below and shall issue Photo Smart cards as per Central Government specifications and handover the same to the CGEPHIS beneficiaries.

- (a) Advance publicity shall be given by the Insurer and Central Government/Nodal Agency on Pan India basis through various media sources like advertisement in local newspapers, Cable network etc.
- (b) The Scheme as well as the enrolment form would be made available by the Insurer and also be put up on the web-site of the various Ministries /Departments on a permanent basis.
- (c) The enrolment period in the first year shall be 180 days in the case of retired employees and 60 days in case of serving employees from the date of enrolment or as decided by the Nodal Agency. However, in the case of new joinees and new retirees the enrolment will continue throughout the year.
- (d) Insured will have the option to change the details regarding dependent beneficiary in the smart card; however the total number of dependents cannot

be more than the number fixed at the time of renewal at designated district Kiosk setup by the insurer within 60 days prior to the expiry period of the policy.

- (e) The Insurer will arrange for preparation of the Photo Smart Card as per the Guidelines provided.
- (f) At the time of delivering the Smart Card, the Insurer shall provide a booklet along with Photo Smart Card to the CGEPHIS beneficiary indicating the list of the Networked Hospitals/Nursing Home, the availability of benefits and the Names and details of the Contact Person/Persons, and Toll-Free Number of Call Centre. To prevent damage to the smart card, a plastic jacket should be provided to keep the smart card.
- (g) If the Photo Smart Card is lost within the policy period, the beneficiary can get a new card issued at the designated District Kiosk, by paying to the insurer, a pre-defined fee mutually agreed by Central government/ Nodal Agency.
- (h) To address the problems of incorrectness, functionality of cards etc and enrolment could not be done by the beneficiary for any reason; the same would be done at designated district kiosk by the Insurer.
- (i) Insurance Company will also provide a web-based application, which would be available to Head of Departments of the Ministries/Departments. The empanelled hospitals/ Nursing Homes and beneficiaries shall have the access to the website to see their relevant information. Nodal Agency at the Health Ministry will have full access to this website.
- (j) Any Employee / Pensioner who opts for the Insurance Scheme shall remain the member of the Scheme with future renewals automatically awarded unless he/she opts out of the Scheme. The beneficiary is required to submit a declaration to the MOH&FW for discontinuation from the Scheme 90 days prior to expiry of the policy. In such cases, the benefits shall cease on the expiry of the policy.
- (k) Provision of Personal Health Record (PHR) and Wellness. PHR to be made available on the smart card to the beneficiary and also to be made available to beneficiary on a web based platform for portability.

ENROLMENT PROCESS

The process of enrolment shall be as under:

A. Serving Employees:

1. Departments and offices will call for options from employees to join voluntary CGEPHIS with or without existing CGHS/CS (MA) benefits.
2. Head of Department of the Administrative Ministry/Department would be the contact point for the Insurance Companies.
3. Employee shall fill up enrolment form giving details about self and family and authorization form for deducting the contribution and submit 2 recent passport size photographs of the family each (individual) to DDO/ Nodal Officer. The

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

4. The Insurer shall arrange to collect the enrolment form & family photograph from the respective DDOs/ Nodal Officers under acknowledgement and shall issue Smart Cards on the basis of information received of the beneficiaries for enrolment.
5. Smart Cards along with the enrolment kit shall be sent by the insurers directly to the insured persons at their respective mailing addresses at insurer's cost within 7 days.
6. All these activities shall have to be uploaded on the Insured's server on a read-only access, a link, shall be provided to the officials / departments as may be authorized by the MoHFW.

B. Retired Employees:

1. In case of Retired Employees, advance publicity shall be given by the Insurer and Central Government/Nodal Agency on Pan India basis through various media sources like advertisement in local newspapers, Cable network etc.
2. A notice would be posted in the pension paying branches of the Banks etc (approximately 30,000 in numbers) / post offices giving details of proposed Scheme.
3. Information would also be disseminated through Pensioners Associations and other related agencies.
4. Enrolment forms would be made available by the Insurer with Pension Paying Branches/ Post Offices as well as on the website of the Departments/ Ministries.
5. The enrolment process for the pensioners shall continue as per schedule agreed by the Government/Nodal Agency. The Insurer in consultation with the Central Government/Nodal Agency shall chalk out the enrolment programme by identifying enrolment stations at Insurers District Offices to complete the task in scheduled time.
6. Retired employees opting for the Scheme would fill up the enrolment form giving details relating to Self and Dependent family members along with the proof of self and dependents as per CGEPHIS Guide Line along with 2 recent passport size photos each at Insurers district offices for enrolment under the scheme along with his /her first subsidized contribution by cheque only. The enrolment form shall also have the beneficiaries bank account number.
7. Insurance companies will issue Scanned Photo Document to Pensioners on the basis of information received at the time of enrolment of the Beneficiaries. Photo Smart Cards along with the enrollment kit shall be sent by the Insurers directly to the Beneficiaries at their respective mailing addresses at Insurer's cost.

8. Copy of enrolment form along with the ECS authorization form would be sent to Central Pension Accounting Office for preparation of the data. Central Pension Accounting Office will pass on the ECS authorisation form of the pensioners to the respective pension paying units for deduction of premium for future renewals for the purpose of continuing as a member of the Insurance Scheme.
9. Limited access to the database available with the Central Pension Accounting Office/ MOHFW would be available to the Insurance Company.

B. For Future Employees and Pensioners:

- a. All future Employees and Future Pensioners shall necessarily be covered under CGEPHIS.
- b. At the time of their entry into or retiring from service they are required to carry out certain documentary formalities at their respective places of posting and the Ministry. Enrollment into CGEPHIS shall be dovetailed to such activities and the documentation for the same shall be made an integral part of the entry / exit exercise.
- c. The Insurer shall have to provide enrolment forms (printed as well as soft versions) at all such locations.
- d. Employee shall fill up enrolment form giving details about self and family and authorization form for deducting the contribution and submit 2 recent passport size photographs of the family each (individual) to DDO/ Nodal Officer .The enrolment form shall also have the beneficiaries bank account number. The details of the beneficiary and dependent members to be covered along with 2 recent passport size photo and copy of enrolment form will be handed over to Insurance Company.
- e. The Insurer shall arrange to collect the enrolment form & family photograph from the respective DDOs/ Nodal Officers under acknowledgement.
- f. Such Smart Cards along with the enrolment kit shall be sent by the insurers directly to the insured persons at their respective mailing addresses at insurer's cost within 7 days.
- g. The insurance cover shall be effective from the date of joining or retirement of an employee.
- h. All these activities shall have to be uploaded on the Insurer's server on a read-only access, a link, shall be provided to the officials / departments as may be authorized by the MoHFW.

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

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

19. SPECIFICATIONS FOR SMART CARDS AND SOFTWARE:

The Smart Cards to be used must have the valid Compliance Certificate from National Informatics Centre, New Delhi. The specifications of the smart card are listed as below.

- Microprocessor based Integrated Circuit(s) card with Contacts, with minimum 64 Kbytes available EEPROM.
 - Compliant with ISO/IEC 7816-1,2,3 and SCOSTA 1.2b/SCOSTA-CL 1.2 with all latest errata and addendum (ref. <http://scosta.gov.in>).
 - Must have a valid SCOSTA or SCOSTA-CL Compliance Certificate from NIC.
 - Supply Voltage 3V or 5V – nominal.
 - Protocol T=0 or T=1.
 - Data Retention minimum 10 years.
 - Write cycles minimum 300,000 numbers.
 - Chip Temperature Range –25 to +70 Degree Celsius.
 - Operating Temperature Range –25 to +55 Degree Celsius.
 - Composite layered Construction of PETG (middle layer) and PVC (outer layers). Ratio of PETG and PVC content should be 50% each.
 - Surface – Glossy with pre printed content as provided by Department.
- a. Smart Card shall be the property of the Central Government and shall be insurer-neutral. The insurer shall have no proprietary rights over it and, therefore, shall not be entitled to place its name, logo etc. on the same.
 - b. The Smart Card Chip Memory File System and Layout shall be provided by MoH/NIC.
 - c. The Smart Card Visual Zone: Layout shall be designed by the shortlisted bidder and approved by MoH.
 - d. Provision of Personal Health Record (PHR) and Wellness: PHR to be made available on the smart card to the beneficiary and also to be made available to beneficiary on a web based platform for portability.
 - e. Insurer shall provide following Smart Card related software and services:
 - i. Smart Card Sourcing as per the specifications given above.
 - ii. Smart Card Personalization as per the Layout provided by MoH.
 - iii. Smart Card Key Management System as per MoH/NIC architecture.
 - iv. Developing all Smart Card based Transaction applications as per MoH/NIC wetted architecture.
 - v. Web based enrolment software as per MoH/NIC wetted architecture.
 - f. Universal Acceptability/Interoperability: The card shall have Universal Acceptability/Interoperability, across the country, by all Empanelled Hospitals / Nursing Homes in the Insurer's panel.
 - g. Responsibility of the Insurer: Preparation of transaction systems, mechanism for data transfer, and establishment of district kiosks and uploading of MIS and

other related information etc on the websites advised by the MoHFW shall be the responsibility of the insurer.

- h. Data Standards and Security: As per NIC.
- i. Pre-Authorization function in real time: Electronic processing of pre authorization.
- j. CRM (Customer Relationship Management): Features like SMS and email gateway to update patient of pre auth status
- k. Claims settlement: for the hospitals with electronic clearing facility. Claim deduction report to be made available to hospital electronically.
- l. Payment Gateway: Electronic payment settlement to hospitals with reporting on payables, non payables, audit report, settlement report.
- m. Management Information System Functions: As decided between Insurer and Central Government / Nodal Agency which includes collecting, collating and reporting data, on a real-time basis. Reports on patient experience and access, reporting age wise, gender wise, procedure wise utilization, user based access for report generation.
- n. Business Intelligence Reporting: Analysis of data, Gap analysis and alerts for high value claims, questionable claims.
- o. Call Center Ticket Management: Ticket management to include option for beneficiaries to self lodge complaint/ grievance. Tickets generated on every call to track the queries, time taken to resolve query, escalations etc

20. EXCLUSIONS

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

A. Hospitalization Benefits:

- 1) Conditions that do not require hospitalization:
 - a) Condition that do not require hospitalization. Outpatient Diagnostic, Medical and Surgical procedures or treatments unless necessary for treatment of a disease covered under Day Care procedures or Inpatient hospitalization.
 - b) Expenses incurred at Hospital or Nursing Home primarily for evaluation / diagnostic purposes only during the hospitalized period. Expenses on vitamins and tonics etc unless forming part of treatment for injury or disease as certified by the attending Physician. Expenses on telephone, cosmetics / toiletries, etc.
- 2. Any Dental treatment or Surgery which is corrective, cosmetic or of aesthetic procedure, including wears and tears etc. unless arising from disease or injury which requires hospitalization for treatment.

- 3) Congenital diseases etc: Convalescence, General Debility, "Run Down" condition or Rest Cure etc and Congenital External Diseases or Defects or Anomalies. However, Congenital Diseases (internal & external) of new born child shall be covered during the currency of the policy only.
- 4) Sex change or treatment which results from or is in any way related to sex change.
- 5) Vaccination/Cosmetic or of aesthetic treatment: Vaccination, Inoculation or change of life or cosmetic or of aesthetic treatment of any description. Plastic Surgery other than as may be necessitated due to an accident or as a part of any illness. Cost of Spectacles / Contact Lens.
- 6) Suicide etc: Intentional Self-Injury/Suicide/Self manmade injuries.
- 7) Homoeopathy
- 8) Ayurveda, Naturopathy, Unani, Siddha unless treatment taken as inpatient in an Empanelled Hospital /Nursing Home. (Guidelines to be issued separately)
- 9) External and/or durable Medical/Non-medical equipment of any kind used for diagnosis and/or treatment except covered under CGHS Scheme (Appendix-A).

B. Maternity Benefit Exclusion Clauses:

- a. Those insured persons who are already having two or more living children will not be eligible for this benefit. Claim in respect of only first two living children will be considered in respect of any one insured person covered under the policy or any renewal thereof. In such situation any such child born during the policy period, the same shall be covered as an additional member at the time of renewal only.
- b. Expenses incurred in connection with voluntary medical termination of pregnancy during the first twelve weeks from the date of conception are not covered except induced by accident or other medical emergency to save the life of mother.
- c. Pre-natal and post-natal expenses are not covered unless admitted in Hospital/nursing home and treatment is taken there.

21. INFRASTRUCTURE OF INSURER

The Insurer shall establish a exclusive Project Office at convenient place for coordination with the Central Government/Nodal agency at the National level. The project office shall coordinate with Central Government/Nodal Agency on a daily basis and ensure effective implementation of CGEPHI Scheme. Accordingly, Insurer will also have the dedicated unit at Zonal/State and district level.

The Project Manager shall be appointed within 7 days and the project office shall be placed by the Insurer at New Delhi within 30 days of signing of the contract having

sufficient people with appropriate qualification and experience to perform the following functions:

- a) Operating a 24 hour call center 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.
- b) CRM (Customer Relationship Management) features like SMS and email gateway to update patient of pre auth status.
- c) Interoperability: Permit interoperability to beneficiary to utilize coverage in any state/ district/network hospital
- d) Setting up of Designated District Kiosk:
 1. District Kiosks shall be setup in each district Head Quarter to address the issues of beneficiaries related to services such as enrolment/renewal (if any left during the initial enrolment phase or for any volunteer), claims reimbursement (if any), Cashless Treatments & Procedure, Details on Policy contents, Package rates, other services, list of empanelled Health care providers, issuance of Smart card, replacement of card with mutilated/torn card, addition / deletion of members etc.
 2. Similarly these District Kiosks shall provide technical & operational assistance to the empanelled Healthcare Providers related to Hardware/ Software installation, maintenance, replacement etc & shall provide training to the Hospital employees on knowhow and modus operandi for operating on the requisite software & hardware & thereby trouble shooting if any.
 3. These district Kiosk shall also take care of post enrolment queries & procedures necessary to be observed including new empanelment/ renewal of willing Healthcare Providers, Monitoring and coordination with the existing providers & for rendering other related services.
- e) Management Information System functions, which includes collecting, collating and reporting data, on a real-time basis. Reports on patient experience and access, reporting age wise, gender wise, procedure wise utilization, user based access for report generation.
- f) Business intelligence reporting- Analysis of data, Gap analysis and alerts for high value claims, questionable claims.
- g) Generating reports electronically in predefined Agency.
- h) Information Technology related functions which will include, among other things, running the website and updating data on a regular interval on the website. Website shall have information on the scheme in local language and English with functionality for claims settlement and account information access for Beneficiaries and Providers at periodic intervals, as decided between Insurer and Central Government / Nodal Agency.
- i) Data standards and security.

- j) System Architecture to have capabilities for Person and Entity Identification, Registry and Directory Services, Record Locator and Search Services, Identity Management, Consent Management, Secure Data Transport, Data Warehousing .
- k) Pre-Authorization function in real time as envisaged in the Scheme – Electronic processing of pre authorization.
- l) Claims settlement for the hospitals with electronic clearing facility. Claim deduction report to be made available to hospital electronically.
- m) Payment Gateway- Electronic payment settlement to hospitals with reporting on payables, non payables, audit report, settlement report.
- n) Publicity for the Scheme so that all the relevant information related to CGEHIS reaches beneficiaries, hospitals etc.
- o) Grievance Redressal functions as explained in section 24 below.
- p) Empanelment of Public and Private Hospitals/ Nursing Homes/ based on defined qualifying criteria before start of the enrolment. Along with criteria mentioned in this document, if required, separate criteria may jointly be developed by the Nodal Agency and the Insurance Company.
- q) Feedback functions which include designing feedback formats, collecting data based agreed formats, analyzing feedback data and suggest appropriate actions.
- r) Setting up of Coordination cell to
 - a) Coordinate with Zonal/State and District Level Offices.
 - b) Coordinate with Central Government and Nodal Agency.
- s) Setting up of Zonal/State and District Units: The Insurer shall also set-up a dedicated operating unit in each Zonal/State and District for smooth implementation of the scheme. The Zonal/State and District units will coordinate activities at the Zonal/State and District level. The operating offices in the covered cities will perform the above functions at the Zonal/State and District level.
- t) Setting up of any other cell as desired by the Central Government/Nodal Agency
- u) Updated list of Empanelled Hospital/ Nursing Home shall be posted on the website on day to day basis and also release the updated booklet on quarterly basis.
- v) The Insurer should have suitable backup arrangements, so that in the event of any unforeseen situations, the affected portion of the data should be retrievable in totally.

22. MANAGEMENT INFORMATION SYSTEMS (MIS) SERVICE THROUGH DEDICATED WEBSITE

The Insurer shall provide Management Information System (MIS) reports regarding the Enrolment, Admission, Pre-Authorization, Claims Settlement and such other information regarding the Services as required by the Government/Nodal Agency. The

reports will be submitted by the INSURER to the Government/Nodal Agency on a regular basis as agreed between the Parties.

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

23. CALL CENTER SERVICES

The Insurer shall provide dedicated telephone services for the guidance and benefit of the CGEPHIS beneficiaries whereby the Insured Persons shall receive guidance about various issues by dialing a National Toll free number exclusively for this scheme. This service provided by the Insurer as detailed below is collectively referred to as the "Call Centre Service".

I. Call Centre Information

The Insurer shall operate a Call Centre for the benefit of all CGEPHIS Beneficiaries. The Call Centre shall function for 24 hours a day, 7 days a week and round the year. As a part of the Call Centre Service the Insurer shall provide the following :

- a) Answers to queries related to Coverage and Benefits under the Policy.
- b) Information on Insurer's office, procedures and information related to CGEPHIS.
- c) General guidance on the CGEPHIS.
- d) Information on cash-less treatment subject to the availability of medical details required by the medical team of the Insurer.
- e) Information on Empanelled Hospitals/Nursing home and contact numbers.
- f) Claim status information.
- g) Advising the hospital regarding the deficiencies in the documents for a full claim.
- h) Any other relevant information/related service to the Beneficiaries.
- i) Any of the required information available at the Call Centre to the Government/Nodal Agency.
- j) Maintaining the electronic data of receiving the calls and response on the system.

k) Any related service to the Government/Nodal Agency.

II. Language

The Insurer undertakes to provide services to the CGEPHIS Beneficiaries in English and local languages.

III. Toll Free Number/Fax Number

- a) The Insurer will operate a dedicated National Toll Free phone with a facility of a minimum of 10 lines. The cost of operating of the number shall be borne solely by the Insurer. The toll free numbers will be restricted only to the incoming calls of the clients only. Outward facilities from those numbers will be barred to prevent misuse.
- b) The Insurer will operate a dedicated National Toll Free Fax. The cost of operating of the Fax number shall be borne solely by the Insurer.

IV. Insurer to inform Beneficiaries

The Insurer will intimate the National Toll Free number/Fax number to all Beneficiaries along with addresses and other telephone numbers of the Insurer's City Units/ Zonal Units and Project Office.

24. DISPUTE RESOLUTION AND GRIEVANCE REDRESSAL

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

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

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

- b. Dispute between Insurance Company and the Central Government

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

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

- The arbitration shall be held in New Delhi, India.

25. AGREEMENTS:

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

26. TERM & TERMINATION OF AGREEMENT BETWEEN INSURER & CENTRAL GOVERNMENT

1. The Agreement shall take effect on the date of signature hereof by both Parties, and shall remain in force till the expiry period and the runoff period subject to a right to the Central Government to terminate the Agreement, on the basis of review of the performance of the INSURER before the same period. The Central Government will review the performance of the INSURER based on factors including but not limited to:
 - a) Compliance with the guidelines specified in respect of enrolment & transaction.
 - b) The facilities setup and arrangements made by the INSURER toward servicing the beneficiaries such as quality assurance, handling of grievances, availability of benefits and hassle free transactions etc agreed to between stakeholders.
 - c) Empanelment of Hospitals/ Nursing Homes/Day Care Clinics.
 - d) Denial of services by Empanelled Hospitals/Nursing Homes.
 - e) The quality of service provided.
 - f) The beneficiaries' satisfaction reports received.
 - g) Grievance Redressal.
 - h) Any withholding of information as sought by the Central Government at the bidding and implementation stage of the Scheme; and

- i) Such other factors as the Central Government deems fit

The Agreement may be terminated:

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

In case of termination as given above:

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

27. PERFORMANCE PARAMETERS AND PENALTY CLAUSE:

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

Sl No	Activity	Time frame from the date of Signing of Agreement	Penalty per week for the delay in execution in % of component charges
A	j) Identifying the Project Officer	7 days	1%
	ii) Setting up of Project Office with infrastructure	30 Days	1%
B	Preparation and Certification of software	3 month	1%

C	Establishment of 24 Hrs Call Center and Establishment of other infrastructure	3 month	1%
D	Establishment of infrastructure for enrolment at identified locations preferably in each district. Installation of kiosk, computer and accessories etc	3 month	1%
E	Preparation of process for Enrolment of beneficiaries	3 month	0.5%
F	To identify the Hospital Network Providers and networking with them.	3 months	0.5%
G	To arrange cashless treatment of the insured in the empanelled hospitals under CHEPHIS and facilitation of proper networking for quick and error-free processing of pre-authorizations.	3 months	0.5%
H	To provide adequate manpower, so as to ensure free flow of daily MIS and ensure that progress of scheme is reported to trust in the desired format on a real-time basis.	3 months	0.5%
I	Preparation of various formats used for cashless transactions, discharge summary, billing pattern and other reports in consultation with the Government.	1 months	1%
J	Processing of claims related to the scheme. Pre-authorization of requests and approval of preauthorization if all the conditions are fulfilled, within 12 hours of receiving the preauthorization request from the network provider.	System to be ready in 3 months (Continuing activity)	1%
K	Scrutinize the bills from network hospitals and give approval for the sanction of the bill and forward payment within 15 working days of the receipt of the bills from the Network Hospitals.	System to be ready in 3 months (Continuing activity)	1%
L	Medical Auditing (by minimum qualification MBBS) for conducting concurrent audits of services and quality of service provided to the beneficiaries delivered by Network Hospitals on periodic basis as well as and required.	3 months	0.5%
M	Training programme for Network Hospital Providers	2 months	0.5%

	and other stake holders ones in a month.	onwards	
N	Dedicated Website as per CGEPHIS requirement	3 months	2.0%

28. NODAL MINISTRY:

- a) The Ministry of Health & Family Welfare would be the Nodal Agency for the implementation of CGEPHIS.
- b) A Coordination Committee having the representatives from Ministry of Health & Family Welfare, Ministry of Finance and Department of Administrative Reforms & Public Grievances for monitoring the implementation of the Scheme on a regular basis.
- c) Nodal Cell at the Health Ministry will monitor data related plan like enrolment, empanelment of hospitals, authorization status, claims status, utilization statistics, network hospital status and other MIS through a website maintained by the Insurer.

29. 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 Central Government/Nodal Agency.

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

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

31. CAPACITY BUILDING INTERVENTIONS:

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

32. MEDICAL AUDIT:

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

33. PROPOSAL VALIDITY PERIOD:

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

34. FORMATION OF CONSORTIUM:

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

35. Evaluation Criteria of Technical Bids:

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

S.N	Criterion	Points	Total
1	No of Insurers/Representatives office one in each district (Max 600 districts)		120
a	No of Insurers own office one in each District.	0.2 each	
b	No of Representative office, one in each District, not represented by Insurers own office.	0.1 each	
2	No of Group Health Insurance Policies exceeding 250000 families		20
A	2007-2008		
	1) One policy	3	
	2) Two policies	5	
	3) Three policies	7	
	4) Four Policies	10	
B	2008-2009		
	1) One policy	3	
	2) Two policies	5	
	3) Three policies	7	
	4) Four policies	10	
3	Total Health Insurance Premium of Insurance Company in 2008-2009		05
	1) Exceeding Rs. 200 Cr	2	
	2) Exceeding Rs. 400 Cr	3	
	3) Exceeding Rs. 600 Cr	4	
	5) Exceeding Rs. 800 Cr	5	
4	No of lives covered under Health Insurance Policies		20
	2007- 08		
	1) Exceeding 5 Lacs	3	
	2) Exceeding 10 Lacs	5	
	3) Exceeding 15 Lacs	7	
	4) Exceeding 20 Lacs	10	
	2008 - 09		
	1) Exceeding 5 Lacs	3	
	2) Exceeding 10 Lacs	5	
	3) Exceeding 15 Lacs	7	
	4) Exceeding 20 Lacs	10	
5	Should have at least minimum on roll prior to 1/1/2010		10
A	MBBS Doctors		
	1) 10 MBBS doctors	1	

	2) 15 MBBS doctors	2	
	3) 20 MBBS doctors	5	
B	One Specialist in each discipline		
	1) Medicine	1	
	2) Gynaecology	1	
	3) Neurology	1	
	4) Orthopaedic	1	
	5) Cardiac	1	
6	Demonstrate Health Insurance I P Claims Management Capacity in numbers		20
A	2007- 08		
	1) Exceeding 50,000	2	
	2) Exceeding 1,00,000	5	
	3) Exceeding 1,50,000	7	
	4) Exceeding 2,00,000	10	
B	2008- 09		
	1) Exceeding 50,000	2	
	2) Exceeding 1,00,000	5	
	3) Exceeding 1,50,000	7	
	4) Exceeding 2,00,000	10	
7	Possessing ISO 9001 -2000/2008	5	05
Total Marks			200

NOTE:

- a) Representative office means an office manned by salaried employee and having an identified office.
- b) Number of families' means actually enrolled under group health Insurance scheme.
- c) Insurance Companies having coinsurance under group health insurance policies shall not qualify under the scheme.
- d) Bidder scoring at least 120 points in the Technical Proposal shall be declared as Technically Qualified Bidder. Financial Proposal of only the Technically Qualified Bidders shall be opened for further evaluation.
- e) The shortlisted technically qualified Bidders shall be required to make a presentation of not more than 20 minutes to demonstrate their capability to meet the deliverables more in the sense of delivery, usage by the beneficiaries, more choice etc.

36. AWARD OF CONTRACT

Central Government /Nodal Agency may award the contract to the successful bidder/s whose Bid has/ have been determined to be substantially responsive, lowest evaluated bid, provided further that the bidder has been assessed by the Central Government/Nodal Agency to be qualified to perform the contract satisfactorily.

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

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

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

1. Amendment Of Bidding Documents:

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

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

2. Central Government/Nodal Agency's Right to Accept or Reject any or All Bids:

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

3. Notification of Award And Signing of Agreement:

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

Note: Terms can be amended by the Central Government/Nodal Agency before entering into the contract.

4. Canvassing , Fraud and Corrupt practices:

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

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

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

Nodal agency will reject a proposal for award if it determines that the Insurer/Insurers have engaged in corrupt or fraudulent practices

Nodal Agency will declare a firm ineligible, either indefinitely or for a stated period of time, to be awarded a contract if it at any time determines that the bidding Insurer/Insurers has engaged in corrupt and fraudulent practices in competing for, or in executing, a contract.

5. CONDITIONAL BIDS:

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

6. SIGNATURE IN EACH PAGE OF DOCUMENT:

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

7. PRE BID CONFERENCE:

A Pre bid meeting will be held on 18/03/2010 at 3.00 PM in the Conference Hall of National Institute of Health and Family Welfare, Baba Gang Nath Marg, Munirka, New Delhi -110067, to clarify any queries the bidders may have, and for providing additional information if any. No separate intimation of the Pre Bid meeting will be sent to the prospective bidders, unless there is a change in the time, date or venue of the Pre bid meeting. Insurers are requested to send their queries in respect of the CGEPHIS through email latest by 15th March, 2010 positively.

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

8. SUBMISSION OF PROPOSALS:

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

- i. The bidder shall place Qualification Criteria along with Technical Proposal in one envelope and the Financial Proposal separately in the second envelope.
- ii. Technical proposal should be sealed in a separate envelop clearly marked in BOLD “SECTION A – TECHNICAL PROPOSAL” and “TECHNICAL PROPOSAL FOR IMPLEMENTING “Central Government Employees & Pensioners Health Insurance Scheme (CGEPHIS)” written on the top of the envelope. This envelop should contain following:
 - A. Qualifying Criteria documents of the Insurers should be sealed in a separate envelop clearly marked on the top of the envelope as “Qualifying criteria of Insurers”.
 - B. Evaluation of Technical Bid documents should be sealed in a separate envelop clearly marked on the top of the envelope as “Evaluation of Technical Bids”. The soft copy of technical bid in a CD should be provided in this envelop.

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

- iii. Financial proposal should be sealed in another envelop clearly marked in BOLD “SECTION B – FINANCIAL PROPOSAL” and “FINANCIAL PROPOSAL FOR IMPLEMENTING “Central Government Employees & Pensioners Health Insurance Scheme (CGEPHIS)” written on the top of the envelope.
- iv. Both envelops should have the bidders Name and Address clearly written at the Left Bottom Corner of the envelope.
- v. Both envelops should be put in a large cover/envelop, sealed and clearly marked in BOLD:

“SECTION A – TECHNICAL PROPOSAL” for “Central Government Employees & Pensioners Health Insurance Scheme (CGEPHIS)”.

“SECTION B – FINANCIAL PROPOSAL” for “Central Government Employees & Pensioners Health Insurance Scheme (CGEPHIS)” written on envelop and have the bidders Name and Address clearly written in BOLD at the Left Bottom Corner.

- vi. The bids may be cancelled and not evaluated if, the bidder fails to:
 - a. Clearly mention Technical / Financial Proposal on the respective envelops
 - b. To seal the envelope properly with sealing tape.
 - c. Submit both envelopes i.e. Financial Proposal and Technical Proposal together kept in large envelope.

- d. Give complete bids in all aspects.
- e. Documents must be submitted in spiral binding.
- f. Submit the soft copy in CD as required in clause 8 ii (B)
- g. Submit financial bids in the specified Performa (Annexure - 21)

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

SECTION B – FINANCIAL PROPOSAL

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

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

NAME OF INSURER:

A. For 100000 – 200000 with assured 1 lakh beneficiaries. Premium quote for a Sum insured of Rs. 5.00,000 per family on floater basis including buffer.

	General Ward Rs.	Semi Private Ward Rs.	Private Ward Rs.	Premium-Corporate buffer of Rs 25 Cr
Premium Per Family				
Premium for per extra dependent persons				00.00

B. For 200001 – 300000 with assured 2 lakh beneficiaries. Premium quote for a Sum insured of Rs. 5.00,000 per family on floater basis including buffer.

	General Ward Rs.	Semi Private Ward Rs.	Private Ward Rs.	Premium-Corporate buffer of Rs 25 Cr
Premium Per Family				
Premium for per extra dependent persons				00.00

C. For 300001 – 400000 with assured 3 lakh beneficiaries. Premium quote for a Sum insured of Rs. 5.00,000 per family on floater basis including buffer.

	General Ward Rs.	Semi Private Ward Rs.	Private Ward Rs.	Premium-Corporate buffer of Rs 25 Cr
Premium Per Family				
Premium for per extra dependent persons				00.00

D. For 400001 – 500000 with assured 4 lakh beneficiaries: Premium quote for a Sum insured of Rs. 5.00,000 per family on floater basis including buffer.

	General Ward Rs.	Semi Private Ward Rs.	Private Ward Rs.	Premium-Corporate buffer of Rs 25 Cr
Premium Per Family				
Premium for per extra dependent persons				00.00

E. For 500001 – 600000 with assured 5 lakh beneficiaries. Premium quote for a Sum insured of Rs. 5.00,000 per family on floater basis including buffer.

	General Ward Rs.	Semi Private Ward Rs.	Private Ward Rs.	Premium-Corporate buffer of Rs 25 Cr
Premium Per Family				
Premium for per extra dependent persons				00.00

F. For 600001 – 700000 with assured 6 lakh beneficiaries. Premium quote for a Sum insured of Rs. 5.00,000 per family on floater basis including buffer.

	General Ward Rs.	Semi Private Ward Rs.	Private Ward Rs.	Premium-Corporate buffer of Rs 25 Cr
Premium Per Family				
Premium for per extra dependent persons				00.00

G. For 700001 – 800000 with assured 7 lakh beneficiaries. Premium quote for a Sum insured of Rs. 5.00,000 per family on floater basis including buffer.

	General Ward Rs.	Semi Private Ward Rs.	Private Ward Rs.	Premium-Corporate buffer of Rs 25 Cr
Premium Per Family				
Premium for per extra dependent persons				00.00

LOADING PERCENTAGE BASED ON HIGH CLAIM RATIO:

CLAIM RATIO : PERCENTAGE LOADING

- Up to 100% : Nil
- 101 to 120% : %
- 121 to 140% : %
- 141 to 160% : %
- 161 to 180% : %
- Above 180% : %

Note:

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

PART II – SUBMISSION OF BIDS / PROPOSALS

The Government / Nodal Agency seeks detailed proposal from General Insurance Companies interested in implementing “Central Government Employees & Pensioners Health Insurance Scheme”, at National Level. The bid/proposal document should include the following:

SECTION A – TECHNICAL PROPOSAL

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

A. Qualifying Criteria

a. Qualifying criteria of Insurer:

- a. General Insurance Company should be registered with IRDA to undertake insurance related activities. The Insurer should attach a self attested copy of the license as a proof of its registration. (Annexure-1)
- b. Insurance company should have an experience in conceptualizing, designing and implementing large healthcare schemes and have at least two year experience in catering to health insurance of 2,50,000 families or more underwritten under each group health insurance policy in the year 2007-2008 and 2008-2009. (Annexure -2)
- c. Declaration from the insurer that have not been black listed/ debarred by any State Government/Central Government or its agencies. (Annexure -3)
- d. The Insurer has to provide an undertaking, as per format expressing their explicit agreement to adhere with the details of the scheme as mentioned in the Part I of the tender document. (Annexure -4)
- e. The Insurer has to provide an undertaking, as per format confirming that they have submitted their bid as a single entity only and have not form a Consortium for the scheme. (Annexure- 5)
- f. Detailed prospectus of the desired Health Insurance Scheme in conformity to the benefits available, exclusions, conditions etc. (Annexure- 6)

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

B. Evaluation of Technical Bids:

S.N	Criterion	
1	No of Group Health Insurance Policies exceeding 250000 families	(Annexure - 2)
A	2007-2008	
	1) One policy	
	2) Two policies	
	3) Three policies	
	4) Four Policies	
B	2008-2009	
	1) One policy	
	2) Two policies	
	3) Three policies	
	4) Four policies	
2	No of Insurers/Representatives office one in each district (Max 600 districts)	(Annexure - 7)
a	No of Insurers own office one in each District.	
b	No of Representative office, one in each District, not represented by Insurers own office.	
3	Total Health Insurance Premium of Insurance Company	(Annexure - 8)
	2007-08	
	1) Exceeding Rs. 200 Cr	
	2) Exceeding Rs. 400 Cr	
	3) Exceeding Rs. 600 Cr	
	4) Exceeding Rs. 800 Cr	
	2008-09	
	1. Exceeding Rs. 200 Cr	
	2. Exceeding Rs. 400 Cr	
	3. Exceeding Rs. 600 Cr	
	4. Exceeding Rs. 800 Cr	
4	No of lives covered under health Insurance policies	(Annexure -9)
	2007- 08	
	1) Exceeding 5 Lacs	
	2) Exceeding 10 Lacs	
	3) Exceeding 15 Lacs	
	4) Exceeding 20 Lacs	
	2008 - 09	
	1) Exceeding 5 Lacs	
	2) Exceeding 10 Lacs	
	3) Exceeding 15 Lacs	
	4) Exceeding 20 Lacs	
5	Should have at least minimum on roll prior to 1/1/2010	(Annexure- 10)
A	MBBS Doctors	
	1) 10 MBBS doctors	
	2) 15 MBBS doctors	

	3) 20 MBBS doctors	
B	One Specialist in each discipline	
	1) Medicine	
	2) Gynaecology	
	3) Neurology	
	4) Orthopaedic	
	5) Cardiac	
6	Demonstrated Health Insurance I P Claims Management Capacity in numbers.	(Annexure- 11)
A	2007- 08	
	1) Exceeding 50,000	
	2) Exceeding 1,00,000	
	3) Exceeding 1,50,000	
	4) Exceeding 2,00,000	
B	2008- 09	
	1) Exceeding 50,000	
	2) Exceeding 1,00,000	
	3) Exceeding 1,50,000	
	4) Exceeding 2,00,000	
7	Possessing ISO 9001 -2000/2008 Certificate	(Annexure-12)

C. OTHERS:

1. System wise Exhaustive list of Day Care Procedures:

Generic list is given in the document at Sr. No.4 (e). Insurer is required to submit exhaustive list of such procedures to finalize the same. (Annexure: 13)

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

Insurer is required to provide in detail about the mechanism of grievance redressal in respect of grievances of beneficiaries/health providers. (Annexure:14)

3. Draft MOU: Insurer is required to submit the draft copy of MOU between of GOI and Insurer, Insurer and Health provider and with any intermediaries proposed under CGEPHIS (Annexure :15)

4. Activity Plan:

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

- a. Process and Timeline for Enrolment of beneficiaries
- b. Process and Mechanism for empanelment of private / public health facilities / day care health facilities.
- c. Details of Service delivery process for beneficiaries.
- d. Process for claim settlement with Timeline.

- e. Mechanism for standardization of various formats used for cashless transactions, discharged summary, billing pattern, satisfaction letter from the patient etc.
 - f. MIS for claims reporting, claims settlement, claims paid etc., required by Nodal Agency on monthly basis and as and when required.
 - g. Procedure for reporting the progress to Nodal Agency and nominated Regional Nodal Agency at state level.
 - h. Process for providing regular report on performance (Annexure-16)
5. Detailed programme for Capacity building interventions (Annexure-17)
6. Detailed programme for IEC and BCC interventions (Annexure-18)
7. Additional benefits:
- In case the bidder wants to offer additional benefits under the scheme, the detail of the same may be given in annexure. (Annexure-19)
8. Other Information: (Annexure-20)

INSTRUCTIONS:

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

SECTION B – SUMMARY OF PROPOSALS

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

SECTION A – DETAILS OF TECHNICAL PROPOSAL:

Name of the Insurance Company: _____

	Section of Technical Bid	Details by Insurer
A	QUALIFYING CRITERIA:	
I	Copy of IRDA license	Annexure -1
II	Experience of the insurer: (Coinsurance shall not be treated as experience)	Annexure -2 (as per format attached)
III	Declaration from the insurer that has been black listed/ debarred by any State Government/Central Government or its agencies.	Annexure -3
V	Undertaking from Insurer to run the scheme in conformity to the scheme	Annexure - 4 (as per format attached)
VI	Undertaking from Insurer that the bid has been submitted as a single entity and has not formed any consortium under the scheme.	Annexure - 5 (as per format attached)
VII	Detailed prospectus of the desired Health Insurance Scheme in conformity to the benefits available, exclusions, conditions, premium clause etc.	Annexure - 6
B	EVALUATION OF TECHNICAL BIDS	
1	No of Group Health Insurance Policies exceeding 250000 families	Annexure -2 (as per format attached)
2	No of Insurers/Representatives office state wise one in each district (Max 600 districts)	Annexure -7 (as per format attached)
A	No of Insurers own office one in each District.	
B	No of Representative office, one in each District, not represented by Insurers own office.	
3	Total Health Insurance Premium of Insurance Company	Annexure -8 (as per format attached)
4	No of lives covered under health Insurance policies	Annexure -9 (as per format attached)
5	Should have at least minimum on roll prior to 1/1/2010	Annexure -10 (as per format attached)
6	Demonstrated Health Insurance IP claims management capacity in numbers	Annexure -11 (as per format attached)
7	Possessing ISO 9001 -2000/2008 Certificate	Annexure -12
C	OTHERS	

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

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

SECTION C - DETAILS OF FINANCIAL PROPOSAL:

S. No	Section of Financial Bid	Details by Insurer
1	Financial Proposal	Annexure - 21 (as per format attached)

SECTION D - DETAILS OF APPENDIX

S. No	SECTION	DETAILS
1	List of external equipments /appliances	Appendix -A
2	Specialty Eye Centers	Appendix -B
3	Dental Clinics	Appendix -C
4	Grouping of States based on CGHS cities for CGHS package rates	Appendix -D
5	State wise list of Central Government Pensioners	Appendix-E

SECTION E – TEMPLATE FOR ANNEXURES

Annexure - 2

Experience of the Bidder:

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

Name of the Insurance Company:

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

SIGNATURE

NAME AND ADDRESS OF THE INSURANCE COMPANY

DECLARATION

BY THE BIDDER

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

DATE:
Stamp:

SIGNATURE
Name:
Designation:
Address:

NAME AND ADDRESS OF THE INSURANCE COMPANY

UNDERTAKING

BY THE BIDDER

I, _____ Designated as
_____ At _____ of
_____ Insurance Company _____ hereby
give an undertaking that the bid has been submitted as a single entity and
has not formed any consortium with other Insurance Agencies under
CGEPHIS scheme.

DATE:

Stamp:

SIGNATURE

Name:

Designation:

Address:

**ADDRESS OF THE INSURERS DESIGNATED STATE WISE OFFICE - INSURER OR
INSURERS REPRESENTATIVE ONE OFFICE IN EACH DISTRICT
(ALPHABETICALLY)**

Name of Insurance Company: _____

Name of State :			
S.No	Name of the District	Address of the Insurers Own Office	Address of Insurers Representative office
1			
2			
3			
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SIGNATURE

NOTE:

- Insurer is required to provide the State wise details separately.
- Representative office means an office manned by salaried employee and having an identified office.

**TOTAL HEALTH INSURANCE PREMIUM OF INSURANCE COMPANY
IN THE YEAR 07-08 & 08-09**

2007-08	
5) Exceeding Rs. 200 Cr	
6) Exceeding Rs. 400 Cr	
7) Exceeding Rs. 600 Cr	
8) Exceeding Rs. 800 Cr	
2008-09	
5. Exceeding Rs. 200 Cr	
6. Exceeding Rs. 400 Cr	
7. Exceeding Rs. 600 Cr	
8. Exceeding Rs. 800 Cr	

**NUMBER OF LIVES COVERED UNDER HEALTH INSURANCE POLICIES
BY THE INSURANCE COMPANY IN THE YEAR 07-08 & 08-09**

2007- 08		Numbers.
	1) Exceeding 5 Lacs	
	2) Exceeding 10 Lacs	
	3) Exceeding 15 Lacs	
	4) Exceeding 20 Lacs	
2008 - 09		
	1) Exceeding 5 Lacs	
	2) Exceeding 10 Lacs	
	3) Exceeding 15 Lacs	
	4) Exceeding 20 Lacs	

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

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

SIGNATURE

**INSURANCE COMPANY HAS TO DEMONSTRATE THEIR HEALTH
INSURANCE I P CLAIMS MANAGEMENT IN NUMBERS FOR THE
YEAR 2007-08 & 2008-09**

2007- 08		Amount in Rs
1) Exceeding	50,000	
2) Exceeding	1,00,000	
3) Exceeding	1,50,000	
4) Exceeding	2,00,000	
2008- 09		
1) Exceeding	50,000	
2) Exceeding	1,00,000	
3) Exceeding	1,50,000	
4) Exceeding	2,00,000	

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SYSTEM WISE EXHAUSTIVE LIST OF DAY CARE PROCEDURES

Generic list is given in the document at Sr. No.4 (e). Insurer is required to submit exhaustive list of such procedures to finalize the same by adding more day care procedures under below mentioned table.

S.No.	System	S.No	Procedures
1	EYE SURGERY		
		1	Corrective surgery for entropion and ectropion
		2	Corrective surgery for blepharoptosis
		3	Removal of a foreign body from the conjunctiva
		4	Removal of a foreign body from the cornea
		5	Operations of pterygium
		6	Operation of Cataract/IOL
		7	Chalazion Excision
		8	DCR/DCT
		9	
		10	
		11	
		12	
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		33	

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

		4	Operations on a testicular hydrocoele
		5	Incision of the testis
		6	Unilateral orchidectomy
		7	Bilateral orchidectomy
		8	Orchidopexy
		9	Abdominal exploration in cryptorchidism
		10	Surgical repositioning of abdominal testes
		11	Surgical treatment of a varicocele and a hydrocoele of the spermatic cord
		12	Excision in the area of the epididymis
		13	Epididymectomy
		14	Operations on the foreskin of penis
		15	Amputation of the penis
		16	Meatotomy
		17	Minor repair of hypospadias
		18	Hypospadias fistula
		19	
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			Female Genitals System
		1	Insufflation of fallopian tubes
		2	Other operations on the fallopian tube
		3	Dilatation of the cervical canal Conisation of uterine cervix
		4	Other operations on the uterine cervix
		5	Incision on the uterus (hysterotomy)

		15	
		16	
		17	
		18	
7	FEW GASTROINTESTINAL SURGERY/PROCEDURES		
		1	Liver aspiration
		2	
		3	
8	OPERATIONS OF THE SKIN AND SUBCUTANEOUS TISSUE		
		1	Incision of a pilonidal sinus
		2	Other incision of the skin and subcutaneous tissue
		3	Surgical wound toilet (wound debridement) and removal of diseased tissue of the skin and subcutaneous tissue
		4	Free skin transplantation, donor site
		5	Free skin transplantation recipient site
		6	Revision of skin plasty
		7	Chemosurgery of the skin
		8	Excision of local skin lesions
		9	Excision of sebaceous cysts
		10	Excision of accessory auricles and digits
		11	Dermoid cyst
		12	
		13	
		14	
		15	
		16	
9	CHEMOTHERAPY/ RADIO THERAPY		
		1	Chemotherapy
		2	Radiotherapy
10	DOG BITE/ SNAKE BITE ETC		
		1	Treatment related to dog bite
		2	Treatment related to snake bite
11	GENERAL SURGERY /PROCEDURES		
		1	Division of tongue tie
		2	Incision and lancing of a salivary gland and salivary duct
		3	Excision of diseased tissue of a salivary gland and

			salivary duct
		4	Resection of a salivary gland
		5	Reconstruction of a salivary gland a salivary duct
		6	Incision of the hard and soft palate
		7	Palatoplasty
		8	Gastroscopy with/without biopsy
		9	Oesophageal dilatation
		10	Proctoscopy; sigmoidoscopy with/without biopsy
		11	Anal dilatation
		12	Manual evacuation
		13	Incision and excision of tissue in the perianal area
		14	Surgical treatment of anal fistulas
		15	Surgical treatment of haemorrhoids
		16	Division of the anal sphincter (sphincterotomy)
		17	Ultrasound-guided aspiration
		18	Sclerotherapy
		19	
		20	
		21	
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12	TREATMENT OF FRACTURES/ DISLOCATION, CONTRACTURE RELEASES AND MINOR RECONSTRUCTIVE PROCEDURES OF LIMBS WHICH OTHERWISE REQUIRE HOSPITALIZATION		
		1	Incision on bone, septic and aseptic

16	IDENTIFIED SURGERIES UNDER GENERAL ANESTHESIA OR ANY OTHER PROCEDURE		
		1	
		2	
		3	
		4	
		5	
		6	

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

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SECTION B – FINANCIAL PROPOSAL

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

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

NAME OF INSURER:

A. For 100000 – 200000 with assured 1 lakh beneficiaries. Premium quote for a Sum insured of Rs. 5.00,000 per family on floater basis including buffer.

	General Ward Rs.	Semi Private Ward Rs.	Private Ward Rs.	Premium-Corporate buffer of Rs 25 Cr
Premium Per Family				
Premium for per extra dependent persons				00.00

B. For 200001 – 300000 with assured 2 lakh beneficiaries. Premium quote for a Sum insured of Rs. 5.00,000 per family on floater basis including buffer.

	General Ward Rs.	Semi Private Ward Rs.	Private Ward Rs.	Premium-Corporate buffer of Rs 25 Cr
Premium Per Family				
Premium for per extra dependent persons				00.00

C. For 300001 – 400000 with assured 3 lakh beneficiaries. Premium quote for a Sum insured of Rs. 5.00,000 per family on floater basis including buffer.

	General Ward Rs.	Semi Private Ward Rs.	Private Ward Rs.	Premium-Corporate buffer of Rs 25 Cr
Premium Per Family				
Premium for per extra dependent persons				00.00

D. For 400001 – 500000 with assured 4 lakh beneficiaries: Premium quote for a Sum insured of Rs. 5.00,000 per family on floater basis including buffer.

	General Ward Rs.	Semi Private Ward Rs.	Private Ward Rs.	Premium-Corporate buffer of Rs 25 Cr
Premium Per Family				
Premium for per extra dependent persons				00.00

E. For 500001 – 600000 with assured 5 lakh beneficiaries. Premium quote for a Sum insured of Rs. 5.00,000 per family on floater basis including buffer.

	General Ward Rs.	Semi Private Ward Rs.	Private Ward Rs.	Premium-Corporate buffer of Rs 25 Cr
Premium Per Family				
Premium for per extra dependent persons				00.00

F. For 600001 – 700000 with assured 6 lakh beneficiaries. Premium quote for a Sum insured of Rs. 5.00,000 per family on floater basis including buffer.

	General Ward Rs.	Semi Private Ward Rs.	Private Ward Rs.	Premium-Corporate buffer of Rs 25 Cr
Premium Per Family				
Premium for per extra dependent persons				00.00

G. For 700001 – 800000 with assured 7 lakh beneficiaries. Premium quote for a Sum insured of Rs. 5.00,000 per family on floater basis including buffer.

	General Ward Rs.	Semi Private Ward Rs.	Private Ward Rs.	Premium-Corporate buffer of Rs 25 Cr
Premium Per Family				
Premium for per extra dependent persons				00.00

LOADING PERCENTAGE BASED ON HIGH CLAIM RATIO:

CLAIM RATIO : PERCENTAGE LOADING

- Up to 100% : Nil
- 101 to 120% : %
- 121 to 140% : %
- 141 to 160% : %
- 161 to 180% : %
- Above 180% : %

Note:

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

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LIST OF EXTERNAL EQUIPMENTS /APPLIANCES

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

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

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

TECHNICAL AND INFRASTRUCTURE SPECIFICATIONS FOR THE EYE CARE CENTERS

1. Should have a facility for surgery and treatment of
 - a) Cataract/Glaucoma
 - b) Retinal – Medical – Vitreo-retinal surgery
 - c) Strabismus
 - d) Oculoplasty & Adnexa & other specialized treatment
2. Should have
 - Qualified ophthalmic surgeon with experience in Intra-ocular Lens implantation Surgery + training proof of PHACOEMULSIFICATION surgery
 - (Phacoemulsifier Unit (IIIrd or IVth generation) – minimum 2 with extra hand pieces
 - (Flash/rapid sterilizer – one per OT
 - YAG laser for capsulotomy
 - Digital anterior segment camera
 - Specular microscope
3. Backup facilities of Vitro-retinal surgeon deal with Phaco/IOL related complications.
4. Others:

A. OCULOPLASTY & ADENEXA:

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

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

INVESTIGATIVE FACILITIES:

- (i) Syringing, Dacryocystography
- (ii) Exophthalmometry
- (iii) Ultrasonography – A&B Scan

- (iv) Imaging facilities - X-ray, CT Scan & MRI Scan
- (v) Ocular pathology, Microbiology services
- (vi) Blood bank services.
- (vii) Consultation facilities from related Specialties such as ENT, Neurosurgery, Haematology, Oncology

C. OPERATIVE (O.T.) FACILITIES:

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

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

D. PERSONNEL:

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

B. STRABISMUS SURGERY:

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

C. GLAUCOMA:

Specific: Facilities for Glaucoma investigation & management.

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

TECHNICAL AND INFRASTRUCTURE SPECIFICATIONS FOR THE DENTAL CLINIC

Should have a facility for

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

Dental Care Centre:

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

City wise CGHS package rates applicable on States

S. No.	CGHS Rates	State
1		A &N Islands
2	Hyderabad	Andhra Pradesh
3	Guwahati	Arunachal Pradesh
4	Guwahati	Assam
5	Patna	Bihar
6	Chandigarh	Chandigarh
7	Bhopal	Chhattisgarh
8	Ahmadabad	Dadra & Nagar Haveli
9	Ahmadabad	Daman & Diu
10	Delhi	Delhi & NCR
11	Pune	Goa
12	Ahmadabad	Gujarat
13	Chandigarh	Haryana
14	Chandigarh	Himachal Pradesh
15	Chandigarh	Jammu & Kashmir
16	Ranchi	Jharkhand
17	Bangalore,	Karnataka
18	Thiruvanthapuram	Kerala
19	Thiruvanthapuram	Lakshadweep
20	Bhopal	Madhya Pradesh
21	Mumbai	Mumbai including Navi Mumbai
	Pune	Rest of Maharashtra
22	Guwahati	Manipur
23	Guwahati	Meghalaya
24	Guwahati	Mizoram
25	Guwahati	Nagaland
26	Bhubaneswar	Orissa
27	Chennai	Pondicherry
28	Chandigarh	Punjab
29	Jaipur	Rajasthan
30	Guwahati	Sikkim
31	Chennai	Tamil Nadu
32	Guwahati	Tripura
33	Lucknow	Uttar Pradesh
34	Dehradun	Uttarakhand
35	Kolkata	West Bengal

**STATE WISE DETAILS OF CENTRAL GOVERNMENT
PENSIONERS**

S.No.	Name of State	No. of Pensioners
1.	Assam	19,034
2.	Delhi	1,57,937
3.	Jharkhand	12,361
4.	Goa	1,959
5.	Maharashtra	72,475
6.	Tamilnadu	35,324
7.	West Bengal	74,140
8.	Bihar	26,907
9.	Gujarat	16,139
10.	Karnataka	23,308
11.	Rajasthan	33,758
12.	Uttar Pradesh	56,352
13.	Andhra Pradesh	33,763
14.	Kerala	40,033
15.	Uttranchal	34,378
16.	Himachal Pradesh	23,117
17.	Madhya Pradesh	20,849
18.	Daman & Diu	4
19.	Jammu & Kashmir	10,603
20.	Manipur	3,301
21.	Orissa	9,458
22.	Chattisgarh	2,100
23.	Nepal	7,514
24.	Tripura	4,893
25.	Andaman & Nicobar	12,909
26.	Meghalaya	3,087
27.	Chandigarh	9,506
28.	Haryana	40,219
29.	Mizoram	344
30.	Pondicherry	1,405
31.	Sikkim	624
32.	Arunachal Pradesh	2,451
33.	Nagaland	1,979
34.	Punjab	32,754
	Total	8,24,985

(Source: Central Pension Accounting Office)

Note: CGHS Card Holders (Pensioners): 2,53,868 (as on 31.3.08)