

Amendments in Tender Document for selection of ISA for 3 UTs

**1. Tender number to be added as S-12012/88/2018 – NHA**

**2. In the Format: Fin-1: Financial Bid, point 8 shall be replaced with:**

“For carrying out the activities as provided below and providing human resources as per the table below, we are quoting the following Cost per family:

Sl. No.	Item Description	Estimated Cost in (Rs) upto two decimal points (in words)
1	Processing and approval of beneficiary identity verification requests, received from Ayushman Mitras at the hospitals, as per the process defined in the scheme. Scrutiny and approval of beneficiary identity verification requests if all the conditions are fulfilled, within 30 minutes of receiving the requests from Ayushman Mitras at the network hospital.	Rs..... (Rs.....)
2	Processing of pre-authorization requests related to the hospitalisation services as per defined packages from the empanelled health care providers (EHCPs). Scrutiny and approval of preauthorization requests if all the conditions are fulfilled, within 6 hours of receiving the preauthorization requests from the EHCP.	Rs..... (Rs.....)
3	Scrutinize the bills from the network hospitals (i.e. ensuring charges are as per the package rates, relevant documents are provided etc.) and give recommendation for the sanction of the bill and forward it to the State Health Agency within 10 days of receipt of complete claim so as to ensure payment within 15 days of receipt of the bills from the EHCP	Rs..... (Rs.....)

4	Fraud detection and control including providing a team with adequate manpower to analyse data for analyzing patterns, frauds, abuse and support the SHA in taking actions against the EHCPs.	Rs..... (Rs.....)
5	Provide one full time UT Coordinator with Master's degree and more than 2 years' experience or Graduate degree with more than 5 years' experience who shall be responsible for supporting overall implementation of the Scheme and performance of the Implementation Support Contract in each of the UTs, including monitoring, supervision of Ayushman Mitra & training of field workers in each of the UTs	Rs..... (Rs.....)
6	Providing one full time UT level medical officer with medical degree for each of the districts who shall be responsible for claim management, medical audits, claim audit, fraud control etc in each of the UTs.	Rs..... (Rs.....)
7	Medical auditors (a team of doctors and specialists with relevant specializations) for conducting concurrent audits of services delivered and medical facilities available in EHCPs.	Rs..... (Rs.....)
8	Provide an overall Project Monitoring Unit with one overall coordinator with with Master's degree and more than 10 years' experience at the NHA level to coordinate and support the implementation.	Rs..... (Rs.....)
9	Ensure free flow of daily MIS and ensure that progress of scheme is reported to SHA in the desired format on a real-time basis (Adequate manpower to be allocated)	Rs..... (Rs.....)
10	Support in hospital empanelment related activities including field verification of the hospitals both within the UTs and outside the UTs (if needed), their training and related activities	Rs..... (Rs.....)

11	Support SHA in IT platform maintenance including suggesting modification in IT systems (if any) to NHA.	Rs..... (Rs.....)
12	Providing hardware and managing its maintenance including Annual Maintenance Cost, if any as per the guidelines of the scheme at all empanelled Public Hospitals. (16 Public Hospitals)	Rs..... (Rs.....)
13	Support training programme including refresher training for Hospitals Coordinators including Ayushman Mitras of all EHCPs once in 6 months.	Rs..... (Rs.....)
14	Recruitment, deployment and management of Ayushman Mitras as per the NHA or SHA guidelines, including their salaries at Public Hospitals.	Rs..... (Rs.....)
TOTAL ESTIMATED COST PER YEAR (sum of estimated costs for items 1 to 14 as above)		(A) Rs..... (Rs.....)
<b>Fee Per family per year excluding GST/Taxes</b>		(B) Rs..... (Rs.....)
<b>(A) divided by total number of families</b>		
GST or applicable taxes		(C) Rs..... (Rs.....)
<b>Total Fee per family per year incl all applicable taxes</b>		(D)= (B+C) Rs..... (Rs.....)

[Note to Bidders: The Bidders are required to quote the fee under row A, B, C and D up to two decimal points.]

**3. Refer to clause 11.7 of Vol-II of tender document regarding Payment of Fee to Implementation Support Agency, clause 11.7(b) shall be read as:**

The total annual Fee payable shall be paid to ISA by NHA in 9 instalments as per below schedule:

Instalment	Payment Schedule	% Amount of Total Fee (N)
1	Within 21 days of signing of agreement with ISA	25%

2	Within 15 days of expiry of 2 <sup>nd</sup> quarter of the policy	25%
3	Within 15 days of expiry of 3 <sup>rd</sup> quarter of the policy period	25%
4	Within 15 days of expiry of the policy period	25%

4. Clause 10.1.1 (g) in Vol-I of tender document shall be added as following **“Bid must be accompanied by an Earnest Money Deposit (EMD) of 2, 00, 000/- (Rs. Two lakhs) in favour of National Health Agency, Delhi. EMD shall be in form of a Demand Draft to be submitted alongwith Technical Bid as per the requirement. Bid without EMD demand draft along with other technical qualification document shall be declared as disqualified in technical bid. “**
5. Clause 10.1.6 in Vol-I of tender document shall be added as following **“EMD will be returned to all unsuccessful bidders, within 1 month after signing of contract with the successful bidder. EMD will be returned to successful bidder on signing of contract and submission of Bank Guarantee. “**
6. Clause 10.1.7 in Vol-I of tender document shall be added as following **“If the successful bidder refuses to sign the contract, as per the agreed conditions of the Tender, then his EMD will be forfeited.”**
7. Clause 11.1.2 (c) in Vol-I of tender document shall be added as following **“Successful bidder shall submit a security deposit of Rs. 10,00,000/- (Rs. Ten Lakhs only) within 15 days of award of Notice in the form of Bank Guarantee from a nationalised bank, valid for a period of 3 years from the date of execution of the contract, as performance guarantee in favour National Health Agency, Delhi. This Bank Guarantee can be invoked in favour of National Health Agency in case of default by the ISA, to secure performance of the scheme and penalty imposed on the ISA for the premature termination of agreement or non-performance.”**
8. Clause 10.1.8 in Vol-I of tender document shall be added as following **“EMD and bank guarantee will be invoked in favour of National Health Agency, Delhi. “**
9. Clause 16.2.a.(i) in Vol-II of tender document shall be read as following **“Provide one full time UT Coordinator with Master’s degree and more than 2 years’ experience or Graduate degree with more than 5 years’ experience who shall be responsible for supporting overall implementation of the Scheme and performance of the Implementation Support Contract in each of the UTs, including monitoring, supervision of Ayushman Mitra & training of field workers in each of the UTs “**

10. Clause 16.2.a.(ii) in Vol-II of tender document stands deleted **“One full time UT level coordinator with more than 5 years’ experience for monitoring, supervision of Ayushman Mitra & training of field workers, to follow up with the EHCP to ensure that the IT infrastructure installed is fully functional at all times. “**
11. In Vol-II of tender document, Annex 2.14 – Details of public hospitals and estimated private hospitals to be empanelled at UTs and outside, has been added as

**“Following is the number of public and estimated private hospitals at each of the UTs and outside the UTs to be empanelled:**

UT	Private Hospital	Public Hospitals	Outside UTs as per requirement
Lakshadweep	0	2	In Kerala and Karnataka
Andaman & Nicobar Island	9	7	In West Bengal and Tamil Nadu
Chandigarh	20	7	In Punjab, Haryana and Delhi

**Hospitals outside UTs will need to be only empanelled and supported by ISA in case the respective State is not implementing AB-NHPM. The SHA or NHA may request for empanelment of hospitals other than the States/UTs mentioned above. In case of public hospitals outside the UTs are empanelled, the cost of hardware will be paid as per the Financial bid for every additional public hospital“**

12. In Vol II of the Tender Document, under Annex 2.2, Exclusion to the policy, point 9 shall be added as  
***“Drugs and Alcohol Induced illness: Diseases, illness or injury due to or arising from use, misuse or abuse of drugs or alcohol or use of intoxicating substances, or such abuse or addiction”***
13. Clause 15(b) of Vol-II of Tender document shall be read as **“The ISA shall be responsible for ensuring settlement of all claims and provide their recommendations regarding acceptance or rejection to SHA within 10 days of receiving all the required information/ documents so that SHA or NHA can make the payment to EHCP within 15 days after receiving all the required information/ documents “.**
14. Clause 10.1.1 (h) in Vol-I of tender document shall be added as following **“All documents required in qualification bid shall be signed by competent authority. “**
15. Clause 15(b) of Vol-II OF Tender document says **“The ISA shall be responsible for settling all claims within 15 days after receiving all the required information/ documents.”** This clause shall be read as **“The ISA shall be responsible for processing and recommending**

all claims to SHA within 15 days after receiving all the required information/ documents.”

16. Clause 5.1 (e) in Vol-II of tender document shall be added as following “**Expenses incurred in diagnosis and various tests shall be borne by the beneficiary, if test and diagnosis result don’t convert OPD into IPD. Whereas Hospital shall make necessary arrangement either in-house or through tie-up for diagnosis and various tests at discounted rates for beneficiaries covered under the Scheme. Consultation fee for OPD shall be free for beneficiaries covered under the scheme in private empanelled hospitals of the State. Consider this clause as part of Vol-II of Tender document.**”
17. Clause 19(v) in Vol-II of tender document shall be added as following “**In cases of any IT system failure, emergency cases and on the table (OT) change of procedure related request of Hospitals, each ISA will have to maintain telephone numbers (24x7) with facility of call to be received by technical person who will record basic information of patient and will arrange tele – conference with concerned specialist of ISA or directly with the concerned specialist and will issue Telephonic ID on satisfaction immediately. This ID will be used by Hospital to process the claim and within next day hospital has to follow the normal laid down procedure. “**
18. Clause 19(w) in Vol-II of tender document shall be added as following “**SHA may initiate financial penalty or if required even legal action against ISA on cases of its collusion with empanelled Hospitals or any illegal activity which is against the scheme.**”
19. **Clause 13(q) of Vol-II of Tender document says “In case the balance sum available is less than the specified amount for the Package, the EHCP should follow its norms of deposit/running bills etc. However, the EHCP shall only charge the balance amount against the package from the AB-NHPM beneficiary. The ISA upon receipt of the bills and documents would release the authorized amount. “. This clause shall be read as “In case the balance sum available is less than the specified amount for the Package, the EHCP should follow its norms of deposit/running bills etc. However, the EHCP shall only charge the balance amount against the package from the AB-NHPM beneficiary. The ISA upon receipt of the bills and documents would recommend the case to SHA for payment of authorized amount.”**
20. Annex 2.10 – Indicative Fraud Triggers, point number 51 stands deleted, “**Non-payment of transportation allowance.**”
21. Clause 14 (f) in Vol-II of the tender document shall be added as the following “**In case of portability of benefits are availed, ISA will be expected to coordinate and ensure that SHA pays the transportation allowance as agreed with Ministry of Home Affairs and / or SHA and / or NHA.**”

Response to pre-bid queries				
Sr. no.	Reference	Bid Requirement	Queries	Response
1	7.1.1	True certified copies which provides proof that the Company has experience of handling at least 25,000 claims in the last financial year and has experience in processing claims of not less than Rs. 100 crore in last financial year and a total of Rs. 200 crore in last three years.	To be certified by CA or self-declaration or insurance letter	CA certified
2	10.H	The state heal agency	what details to be filled in this	Names of all 3 UTs
3	5.1 (Vol II)	Pre and post hospitalization cover	How many days of pre hospitalization covered	Not relevant
4	5.3 (Vol II)	The benefits under the Ayushman Benefit Cover shall only be available to a Ayushman Beneficiary through an EHCP after Aadhaar based identification as far as possible. In case Aadhaar is not available then other defined Government recognized ID will be used for this purpose	In case of children they may not have aadhar card or even any govt id how do we make the identification in this cases	Through any defined Government ID like Ration Card or Birth Certificate or any other document as per the decision of the SHA or NHA
5	8 (Vol II)	All Private EHCPs shall be responsible for all costs related to hardware and	• The number of public hospitals required	Refer to Corrigendum

		<p>maintenance of the IT infrastructure. For all Public EHCPs the costs related to hardware and maintenance of the IT infrastructure shall be borne by the ISA</p>	<ul style="list-style-type: none"> <li>• Current infrastructure of hardware is required</li> </ul>	<p>Please refer to latest guidelines for hardware requirements (<a href="https://www.abnhpm.gov.in/sites/default/files/2018-08/Hardware%20Specification%20for%20hospitals-06082018.pdf">https://www.abnhpm.gov.in/sites/default/files/2018-08/Hardware%20Specification%20for%20hospitals-06082018.pdf</a>)</p>
6	7.b (Vol II)	<p>b. The beneficiaries will be identified using Aadhaar and/or Ration Card and / or any other specified identification document produced by the beneficiary at the point of contact. Once successfully identified, the beneficiary will be provided with a print of AB-NHPM e-card which can be used as reference while availing benefits.</p>	<ul style="list-style-type: none"> <li>• Need complete E-Card printing process</li> </ul>	<p>Process defined at Annex 2.4 Guidelines for Identification of AB-NHPM Beneficiary Family Units</p>
			<ul style="list-style-type: none"> <li>• Who Is responsible for this activity ?</li> </ul>	<p>Defined at Annex 2.4 Guidelines for Identification of AB-NHPM Beneficiary Family Units</p>
7	16.B.3.10 Vol (II)	<p>Training of Ayushman Mitras at each of the Sub District Hospitals/District</p>	<p>Frequency not specified</p>	<p>Provided at Clause 17.a of Vol II</p>
		<p>e. The ISA shall support training of Ayushman Mitras, as required, that will be deputed in each EHCP that will be responsible for the administration of the AB-NHPM on the use of the Hospital IT infrastructure for making Claims electronically and providing Cashless Access Services. In case a training for Ayushman Mitras will be organized by the Government, ISA agrees to support these trainings as required by SHA.</p>	<p>How many Ayshman Mitras to be deployed per EHCP? Also confirm total number of Ayushman Mitras to be deployed.</p>	<p>As per the latest guidelines of NHA.</p>
			<p>Please confirm who will recruit and pay the remuneration of Ayushman Mitra : UT or ISA?</p>	<p>Refer to Corrigendum</p>



8	16.3	PMU- One State Coordinator who shall be responsible for implementation of the Scheme and performance of implementation support contract In the state	Any specific qualification and experience eligibility criteria?	Refer to Corrigendum
8	16.3	Provide an overall Project Monitoring Unit with one overall coordinator at the NHA level to coordinate and support the implementation.	Please confirm the place where office has to set up and staffing at PMU.	At Delhi office or branch office of the TPA
9	17	Ayushman Mitras	• Who will appoint them?	Refer to Corrigendum
			• What is the overall count?	As per the latest guidelines of NHA.
10	28.2.12.E	The beneficiary will also be provided with a booklet/ pamphlet with details about AB-NHPM and process for availing services.	What language to be used in the booklet	Bilingual with local language and english
11	28.2.5.c	Illegal cash payments by beneficiary	What is the evidence to be produced to prove the same it is the beneficiary statement or any other evidence	Will be decided on case to case basis
12	e Vol I	EMD of Rs. 2.00 lakhs is submitted in the shape of a Demand Draft (DD) in favor of Chief Executive Officer, National Health Agency, Government of India;	Please confirm payable at which place	Yes, refer to corrigendum
13		Performance Security	Please confirm whether any performance security is required post award of contract	Yes, refer to corrigendum

14			Whether any similar scheme for secondary and tertiary benefits was arranged by UT in last few years. If so please share claim experience under different ailment for the said scheme vis-à-vis families covered..	Data not available
15		Medical auditors (a team of doctors and specialists with relevant specializations) for conducting concurrent audits of services delivered and medical facilities available in EHCPs.	what will be the team size?	As per requirement
16		Support SHA in IT platform maintenance including suggesting modification in IT systems (if any) to NHA. Also provide claim processing software.	As per our understanding Govt. was to provide the software. Please elaborate on claim processing software.	All software shall be provided by NHA or Government of India. Claims from this portal shall be accessible to the TPA and these have to be processed digitally. No extra software is required.
17		Providing hardware and managing its maintenance including Annual Maintenance Cost, if any as per the guidelines of the scheme at all empanelled Public Hospitals.	Please confirm number of Public hospitals to be empanelled and who will bare the hardware cost ? ISA or hospital ?	Refer to Corrigendum
18	8.a & b Vol II	All public hospitals with inpatient facilities (Community Health Centre and above) shall deemed to be empanelled. Private healthcare providers (both for profit and not for profit) which provide hospitalization and/or day care services (as	Please confirm number of Public hospitals in UT and also confirm the minimum and maximum number of private hospitals to be empanelled.	Refer to Corrigendum

		applicable) would be eligible for empanelment under AB NHPM		
19	12.c Vol II	The ISA shall ensure that each EHCP shall at a minimum possess the Hospital IT Infrastructure required to access the AB-NHPM Beneficiary Database and undertake verification based on the Beneficiary Identification process laid out, using unique ABNHPM Family ID on the AB-NHPM Card and also ascertain the balance available under the AB-NHPM Cover.	Please confirm components of Hospital IT infrastructure and whether software required to undertake the whole process will be provided by Govt.?	Software will be provided by NHA or Government of India. For hardware requirements, please refer to latest guidelines ( <a href="https://www.abnhpm.gov.in/sites/default/files/2018-08/Hardware%20Specification%20for%20hospitals-06082018.pdf">https://www.abnhpm.gov.in/sites/default/files/2018-08/Hardware%20Specification%20for%20hospitals-06082018.pdf</a> )
20		Point no. 3 & 4 reads as " Within 15 days of expiry of the policy period - 25%"	Does it mean within 15 days of expiry of policy balance 50% will be received. We request you to release 25% each at the end of third and fourth quarter.	Refer to corrigendum
21	21.2.3.c	c. Hospital audit will focus on compliance to EHCP's obligations like operational help desk, appropriate signage of the Scheme prominently displayed, etc. details of which are captured in Annex 2.8.	Whether uniformity in help desk and sinages is required across all hospitals. Please confirm all expenses required for the kiosk and sinages will be borne by the hospitals.	Yes, as per the guidelines or directions of SHA and / or NHA. Cost for public hospitals to be borne by ISA

22		IEC	Whether ISA will have to play any role in IEC and maximum expected expenditure by ISA on such support	No
23		Call Center	Please elaborate on this activity and role that ISA has to play in set up and running of call center.	No
24	Format I Tabular Format.Point-9 (Volume I)	Medical auditors (a team of doctors and specialists with relevant specializations) for conducting concurrent audits of services delivered and medical facilities available in Network Hospitals.	Team Size??	As per requirement
25	5.1 (Volume II)	(iv) Pre and post hospitalization expense benefits	Kindly pre hospitalization days	Not relevant
26	51 (Volume II)	Non-payment of transportation allowance.	Clarity about transportation allowance; whether there is any transportation allowance for the beneficiary	Refer to corrigendum
27	2(Volume II)	C. Ensure appointment of Ayushman Mitra for the EHCP	To whom Responsibility of recruitment of ayushman mitra lies	Refer to corrigendum
28	Format I Tabular Format.Point-9 (Volume I)	Support training programme including refresher training for Hospitals Coordinators including Ayushman Mitras of all EHCPs once in 6 months.	No.of hospital coordinators including ayushman Mitra	Ayushman Mitras as per the guidelines and hospital coordinators as appointed by the EHCPs

29			Drug and Alcohol Induced illness: Diseases / accident due to and or use, misuse or abuse of drugs / alcohol or use of intoxicating substances or such abuse or addiction etc.- is actually not mentioned in exclusions, what does it mean whether such cases are payable??	Refer to corrigendum
30	8.12 (Volume I)	Support SHA in IT platform maintenance including suggesting modification in IT systems (if any) to NHA. Also provide claim processing software.	Software deployment would be done by SHA or ISA?	No software deployment by ISA
31	8.13 (Volume I)	Providing hardware and managing its maintenance including Annual Maintenance Cost, if any as per the guidelines of the scheme at all empanelled Public Hospitals.	How many empanelled Public hospitals are there in each UT (to assess cost of providing and managing hardware)?	Refer to corrigendum
32	16.1 (Volume II)	The ISA shall establish a Project Office at a convenient place at Port Blair, Kavaratti and Chandigarh for coordination with the SHA on a regular basis.	Should the ISA deploy Project Manager at each UT level? Or one overall coordinator at PMU level will suffice?	ISA may decide as per requirement
33	16.3 (Volume II)	A Project Monitoring Unit (PMU) at the NHA level to be set up. The PMU shall have atleast one overall coordinator	PMU should be set up at which location - should this be set-up at NHA Delhi?	At Delhi office or branch office of the TPA

34	Annex 2.9.2 (Volume II)	Key Performance Parameters to Evaluate Performance of the ISA for Renewal - 4. Records are maintained at Call Centre for the services provided in the prescribed format and shared with State Health Agency.	Who will set-up and manage call centre - SHA/ISA? What is the role of ISA in Call centre support?	No role of ISA for management of call centre. However, ISA will be required to maintain records of queries and complaints and action taken on them
35	8.a	All public hospitals with inpatient facilities (Community Health Centre and above) shall deemed to be empanelled	who will pay for the cost of the Hardware to be installed and the AMC	ISA
36	8.b	a. Private healthcare providers (both for profit and not for profit) which provide hospitalization and/or day care services (as applicable) would be eligible for empanelment under AB-NHPM, subject to their meeting of certain requirements (empanelment criteria) in the areas of infrastructure, manpower, equipment (IT, help desk etc.) and services (for e.g. liaison officers to facilitate beneficiary management) offered, which can be seen at <b>Annex 2.5</b> of this document.	Please clarify if there is any pre defined Tarriff charges.	Cost of treatment to be paid as per the package rates defined
37	11.7	Within 15 days of expiry of the policy period	the above point is repeated twice and mentions 25%+25% , is this a typographical error, if yes whts the exact point	Refer to corrigendum

38	15.b	The ISA shall be responsible for settling all claims and provide their recommendations regarding acceptance or rejection to SHA within 10 days of receiving all the required information/ documents so that SHA or NHA can make the payment to EHCP <b>within 15 days after receiving all the required information/ documents</b>	as per IRDAI guidelines, TPAs are not authorized to do direct payment to any hospital. Please clarify.	Refer to corrigendum
39	15.n/19.k	a. The ISA shall ensure that there is an online web portal for processing of all claim payments.	Please clarify if the claims portal is for entire duration or till the time the claims processing software of NHA/SHA is operational, if yes please let us know the timelines for the same,	Claim processing portal will be provided by NHA.
40	16.1	The ISA shall establish a Project Office at a convenient place at Port Blair, Kavaratti and Chandigarh for coordination with the SHA on a regular basis	Will SHA provide the office space if yes would there be any rent?	Space will be provided by SHA. However, if the ISA intends they can set up their own office too
41	16.3	A Project Monitoring Unit (PMU) at the NHA level to be set up. The PMU shall have atleast one overall coordinator	Will NHA provide the space, if No can we use our branch office in NCR as the project office,	Use Delhi office or branch office

42		(i) One full time UT level coordinator with more than 5 years' experience for monitoring, supervision of Ayushman Mitra & training of field workers, to follow up with the EHCP to ensure that the IT infrastructure installed is fully functional at all times.	Finding candidates with Master's Degree with 5 yrs of work experience for the position of UT level coordinator for such profile will be difficult. Can it be revised as Graduation with work experience in relevant field. The same has been ammended in other states also.	Refer to Corrigendum
43	16.b.vi`	Processing and approval of beneficiary identity verification requests, received from Ayushman Mitras at the hospitals, as per the process defined in the scheme. Scrutiny and approval of beneficiary identity verification requests if all the conditions are fulfilled, within 30 minutes of receiving the requests from Ayushman Mitras at the network hospital	Will the entire data be given to us or the Login ID provided,	Relevant logins will be provided
44	21.3.3.a	The SHA and NHA shall organize fortnightly meetings for the first three months and monthly review meetings thereafter with the Implementation Support Agency. The SHA and NHA shall have the right to call for additional review meetings as required to ensure smooth functioning of the Scheme	will the review meeting be conducted in NHA office delhi or in UT	At both SHA and NHA



45	22.a	The Scheme shall use an integrated centralized IT platform for detecting outlier behaviour and predictive modelling to identify fraud	is this on the claims portal of ISA or on the NHA portal	Will be provided at NHA portal. Till such time this is being developed, ISA shall ensure measures for fraud mitigation
46	22.b	The MIS software will be designed to generate automatic reports and present trends including outlier behaviours against the list of trigger alerts		Will be provided at NHA portal. Till such time this is being developed, ISA shall ensure measures for fraud mitigation
47	22.d	a. Seamless integration of the centralised AB-NHPM IT platform with State level servers shall ensure real time alerts to the SHAs for immediate intimation to the ISA and for detailed investigations.	Please clarify on the mode of the data flow to ISA server,	ISA will have relevant access on Central server. However if ISA needs some relevant data to flow to ISA server, ISA will be responsible for integration with Central server
48	1.3.vi	i) Private hospitals will be encouraged to provide ROHINI provided by Insurance Information Bureau (IIB). Similarly public hospitals will be encouraged to have NIN provided by MoHFW.	Please clarify if ROHINI/NIN is not available with the hospitals	Guidelines to be followed
49	1.3.viii	i) Hospitals with NABH/ NQAS accreditation will be given incentivised payment structures by the states within the flexibility provided by MoHFW/NHA. The hospital with NABH/ NQAS accreditation can be incentivized for higher package rates subject to Procedure and Costing Guidelines.		
50	1.3.ix	ii) Hospitals in backwards/rural/naxal areas may be given incentivised payment structures	Please provide the list of the districts under this category	Not relevant

		by the states within the flexibility provided by MoHFW/NHA		
51	2	Appointment of Ayushman Mitra for EHCP	Who will pay the salary is it paid by SHA ?	Refer to corrigendum
52		What will be the number of Ayushmaan Mitras?		As per the latest guidelines of NHA.
53			As per point no. 16.1 of Volume-II, The ISA shall establish a Project Office at a convenient place at Port Blair, Kavaratti and Chandigarh for coordination with the SHA on a regular basis. Will Government authorities provide the space to ISA for this purpose or ISA has to arrange it on its own?	Space will be provided by SHA. However, if the ISA intends they can set up their own office too
54			As per point no. 8.13 of financial bid, ISA has to provide hardware and manage its maintenance including Annual Maintenance Cost, if any as per the guidelines of the scheme at all empanelled Public Hospitals. What type the hardware to be installed in public hospitals? Is there any requirement of	Please refer to latest guidelines for hardware requirements ( <a href="https://www.abnhpm.gov.in/sites/default/files/2018-08/Hardware%20specification%20for%20hospitals-06082018.pdf">https://www.abnhpm.gov.in/sites/default/files/2018-08/Hardware%20specification%20for%20hospitals-06082018.pdf</a> )

			installation of computer set also?	
55			Performance of ISA may be impacted due to delay in service charge payment by SHA. In such conditions, will penalties mentioned on ISA mentioned in Annex 2.9 Key Performance Indicators will applicable on ISA? As due to delay in service charges payment of ISA there may be delay in salaries of staff and other expenses which may lead to deterioration of services which may lead to penalties. There should be assurance of timely payment of service charges to ISA.	Guidelines for release of payments to be followed

56			<p>What should be the qualification of medical officers and medical auditors mentioned in point no. 8.8 and 8.9 of financial bids. If it is MBBS then; Availability of MBBS Doctor: Country is facing shortage of allopathic doctors in the hospitals to treat patients. A bill introduced in Lok Sabha seeks to allow Ayurveda, Homeopathy Doctors to Practice Allopathy in January.</p>	No response
57			<p>Suggestion: A team of one MBBS in the Central office and rest non-allopathic doctors in the districts (working under the supervision of MBBS) should be allowed to work. Claim processing is based on treatment package only. Hence, expertise of non-allopathic doctors is sufficient for claim processing. IRDAI also allows non-allopathic doctors to process/audit</p>	No response

			claims under the supervision of MBBS.	
58			Payment schedule mentioned in instalment no.3 and 4 is same which need rectification.	Refer to corrigendum
59			Please confirm the Scheme model to be State funded/Trust/ Health insurance?	Trust
60			Tender states that necessary hardware for public hospitals including their maintenance and annual maintenance contract is to be provided by the TPA. Please clarify as to what hardware items to be provided?	Please refer to latest guidelines for hardware requirements ( <a href="https://www.abnhpm.gov.in/sites/default/files/2018-08/Hardware%20Specification%20for%20hospitals-06082018.pdf">https://www.abnhpm.gov.in/sites/default/files/2018-08/Hardware%20Specification%20for%20hospitals-06082018.pdf</a> )

## AYUSHMAN BHARAT

**Swasthya Aapka, Saath Hamara**

61			Will the Software for claims & Data management be provided by UT's or central government & what hardware is to be provided by TPA's at UT's & District level?	All software shall be provided by NHA or Government of India. No hardware to be provided by ISA at UT level
62			Claim Processing- Is the claim processing to be done at UT level or district level?	ISA and SHA to follow claim management guidelines provided at Annex 2.6 Claims Management Guidelines including Portability, Volume II
63			What level of IEC activities to be conducted by TPA's?	None
64			Is Internet Connectivity to be provided by TPA?	Support SHA at public hospitals, if required
			Number of empaneled Public hospitals?	Refer to corrigendum
65			Is the TPA to set up toll free number or the same will be provided by SNA?	National toll free number to be used
66			Are Physical cards/E cards to be sent by TPA's?	E-cards would be issued at point of care or CSCs and handed over to the beneficiary on the spot

## AYUSHMAN BHARAT

**Swasthya Aapka, Saath Hamara**

67			Tender States that Adequate manpower is to be provided to ensure smooth flow of daily MIS, analyzing data for patterns of fraud/abuse and action against the hospital, How many number of manpower to be provided and their qualifications if any?	As per requirement
68			Please specify the Qualifications for UT Coordinator?	Refer to corrigendum
69			Please specify the Qualifications for Auditors ?	Already defined for Medical Auditors at clause 21.2.2.f, Vol II
70			The TPA is required to provide one full time district medical officer. Is the minimum qualification required for medical officer is MBBS degree or Ayush?	As defined in the Tender
71			Ayushman Mitra & their salaries are to be provided by whom? Minimum Salary Amount?	Refer to corrigendum. As per the guidelines of NHA
72			What will the total number of auditors and location?	As per requirement



**AYUSHMAN BHARAT**  
**Swasthya Aapka, Saath Hamara**