

## **RASHTRIYA SWASTHYA BIMA YOJANA**

A number of studies have revealed that risk owing to low level of health security is endemic for informal sector workers. The vulnerability of the poor informal worker increases when they have to pay fully for their medical care with no subsidy or support. On the one hand, such a worker does not have the financial resources to bear the cost of medical treatment, on the other; the health infrastructure leaves a lot to be desired. Large number of people, especially those below poverty line, borrows money or sells assets to pay for the treatment in private hospitals. Thus, Health Insurance could be a way of overcoming financial handicaps, improving access to quality medical care and providing financial protection against high medical expenses. The “Rashtriya Swasthya Bima Yojana” announced by the Central Government attempts to address such issues.

Government of Assam, has accordingly decided to launch this scheme in five district/s of the State viz., Dibrugarh, Jorhat, Lakhimpur, Kokrajhar and Hailakandi. “\_National Rural Health Mission, Assam “ has been set up to act as “State level Nodal Agency” for the implementation of the Scheme.

For effective operation of the scheme, partnership is envisaged between the Insurance Company, public and the private sector hospitals and the State agencies. State Government/Nodal Agency will assist the Insurance Company in networking with the Government/Private hospitals, fixing of treatment protocol and costs, treatment authorization, so that the cost of administering the scheme is kept at the lowest, while making full use of the resources available in the Government / Private health systems. Public hospitals, including ESI hospitals and such private hospitals fulfilling minimum qualifications in terms of availability of inpatient medical beds, laboratory, equipments, operation theatres, smart card reader etc. and a track record in the treatment of the diseases can be enlisted for providing treatment to the BPL families under the scheme.

# RASHTRIYA SWASTHYA BIMA YOJANA

## IN THE STATE OF ASSAM

### 1. Name :

The name of the scheme shall be “**RASHTRIYA SWASTHYA BIMA YOJANA**”

### 2. Objective :

To improve access of BPL families to quality medical care for treatment of diseases involving hospitalization and surgery through an identified network of health care providers.

### 3. Beneficiaries:

The scheme is intended to benefit Below Poverty Line (BPL) population in the \_5\_ district/s of the State viz. Dibrugarh, Jorhat, Lakhimpur, Kokrajhar and Hailakandi. According to a recent enumeration, there are \_\_\_\_\_ BPL families in five districts of the State, comprising of a population of \_\_\_\_\_. District wise profile of the BPL families is given below:

	Name of Districts				
	Dibrugarh	Jorhat	Lakhimpur	Kokrajhar	Hailakandi
BPL Family	62435	60785	67781	70985	44010
No of Block	7	8	9	6	5
No of PHCs	6	7	6	4	4
No of CHCs	4	4	5	2	1
No of District Hosp	0	1	1	1	1
	But AMC				

### 4. Family:

Coverage under the scheme would be provided for BPL workers and their families [up to a unit of five). This would comprise the Household Head, spouse, and up to three dependents. The dependents would include such children and/or parents of the head of the family as are listed as part of the family in the BPL data base. If the parents are listed as a separate family in the data base, they shall be eligible for a separate card. Issue of smart card

would be the proof of the eligibility of BPL households for the purpose of the scheme.

**5. Benefits:**

- a. The scheme shall provide coverage for meeting expenses of hospitalization for medical and/or surgical procedures of beneficiary members up to Rs.30,000 per family per year subject to limits, in any of the network hospitals. The benefit on family will be on floater basis, i.e., the total reimbursement of Rs.30,000 can be availed of individually or collectively by members of the family per year.
- b. Pre-existing conditions/diseases to be covered, subject to minimal exclusions.
- c. Coverage of health services relating to surgical nature can also be provided on a daycare basis.

Indicative list of day care treatment:

Given the advances made in the treatment techniques, many health services, formerly requiring hospitalization, can now be treated on a day care basis. The following are also proposed to be included in list of day care after negotiations:

- i) Haemo-Dialysis
- ii) Parenteral Chemotherapy
- iii) Radiotherapy
- iv) Eye Surgery
- v) Lithotripsy (kidney stone removal)
- vi) Tonsillectomy
- vii) D&C
- viii) Dental surgery following an accident
- ix) Surgery of Hydrocele
- x) Surgery of Prostrate
- xi) Few Gastrointestinal Surgery
- xii) Genital Surgery
- xiii) Surgery of Nose
- xiv) Surgery of Throat
- xv) Surgery of Ear
- xvi) Surgery of Urinary System
- xvii) Treatment of fractures/dislocation (excluding hair line fracture), Contracture releases and minor reconstructive procedures of limbs which otherwise require hospitalisation
- xviii) Laparoscopic therapeutic surgeries that can be done in day care
- xix) Identified surgeries under General Anaesthesia
- xx) Any disease/procedure mutually agreed upon.

- d. Provision for transport allowance (actual with limit of Rs. 100 per visit) subject to an annual ceiling of Rs. 1000 shall be a part of the package.
- e. Pre and post hospitalization up to 1 day prior to hospitalization and up to 5 days from the date of discharge from the hospital shall be part of the package rates.
- f. Domiciliary treatment: Not required.
- g. Maternity benefit: Not required.

**6. Eligible Health Services Providers:**

Both public (including ESI) and private health providers which provide hospitalization and/or daycare services would be eligible for inclusion under the insurance scheme, subject to such requirements for empanelment as agreed between the State Government/Nodal Agency and Insurers.

**7. Enrollment of Hospitals:**

Hospital and other health facilities with desired infrastructure for inpatient and day care services will need to be empanelled. It is essential to have a proper system of empanelment. The process will be carried out by the Insurer. Insurers can seek assistance of the State Nodal Agency.

- i) All Government hospitals (including Community Health Centers) and ESI hospitals can be empanelled provided they possess the facilities of Telephone/Fax, 64KBPS connectivity. Each hospital/health service provider shall possess a Personal Computer with 2 smart card readers and a fingerprint verification machine or a standalone machine matching the specifications given in **Annexure 16**.

The criteria for empanelling private hospitals and health facilities would be as follows:

- ii) At least 10 inpatient medical beds for primary inpatient health care. The requirement of minimum number of beds reduced based on available infrastructure in rural areas.
- iii) Fully equipped and engaged in providing Medical and or Surgical facilities. The facility should have an operational pharmacy and diagnostic services, or should be able to link with the same so as to provide 'cash less' service to the patient. The diagnostic service should include testing of clinical specimens, X-rays and ECG etc.
- iv) Those facilities undertaking surgical operations should have a fully equipped Operating Theatre of its own.

- v) Fully qualified doctors and nursing staff under its employment round the clock.
- vi) Maintaining of necessary records as required and providing necessary records of the insured patient to the Insurer or his representative/Government/Nodal Agency as and when required.
- vii) Registration with Income Tax Department.
- viii) Telephone/Fax, 64KBPS connectivity. Each hospital/health service provider shall possess a Personal Computer with 2 smart card readers and a fingerprint verification machine or a standalone machine matching the specifications given in **Annexure 16**.
- ix) The Hospital should agree to the cost of packages for each identified medical/surgical intervention/procedures as approved under the scheme. These package rates will include Bed charges (General Ward), Nursing and Boarding charges, Surgeons, Anesthetists, Medical Practitioner, Consultants fees, Anesthesia, Blood, Oxygen, O.T. Charges, Cost of Surgical Appliances, Medicines and Drugs, Cost of Prosthetic Devices, implants, X-Ray and Diagnostic Tests, Food to patient etc. Expenses incurred for diagnostic test and medicines up to 1 day before the admission of the patient and cost of diagnostic test and medicine up to 5 days of the discharge from the hospital for the same ailment / surgery and transport expenses will also be the part of package. The package should cover the entire cost of treatment of the patient from date of reporting to his discharge from hospital and 5 days after discharge and any complication while in hospital, making the transaction truly cashless to the patient.

And

The Hospital should be in a position to provide following additional benefits to the BPL beneficiaries related to identified systems:

- a. Free OPD consultation.
- b. Fixed discounts on diagnostic tests and medical treatment required for beneficiaries.

**Agreement with Network Hospital:** The Insurance Company shall enter into an agreement with all the hospitals empanelled under the scheme. Empanelled medical institutions are supposed to extend medical aids to the beneficiary under the scheme. A provision will be made in the Agreement of non-compliance/default clause while signing them. Such matter shall be looked into by the Health Department/NRHM.

### **8. Payment of Premium:**

State Government/Nodal Agency will on behalf of the BPL beneficiaries make the payment of the premium to the Insurance Company based on the enrolment of the BPL beneficiaries. The Central Government, on receipt of this information, shall release its share of premium.

The premium shall be paid based on data downloaded from the FKO cards used at the time of enrolment of beneficiaries.

### **9. Payment of Premium and Registration Fee:**

Payment of registration fee and premium instalment will be as follows:

- a) The registration fee of Rs.30 by the beneficiary to the insurance company.
- b) The first instalment will come from the State Nodal Agency to the insurance company in the nature of 10% of (X-30).  
(X being the premium amount per beneficiary).
- c) The second installment will be paid by the Central Government through the State Nodal Agency as per the following formulation:

90% of (X+60)

(Subject to a maximum of Rs. 675/- + Rs. 60/-)

{Any amount beyond the contribution by the Central Government will be borne by the State Government.}

### **10. Period of Insurance**

The insurance coverage under the scheme shall be in force for a period of one year from the date of commencement of the policy. A BPL beneficiary who is issued smart card will be able to avail facilities from the first of the month after the next month on payment of first instalment of the premium as mentioned in 9(b) above. The second instalment shall be paid to the Insurance Company within one month of the commencement of the policy.

The Scheme shall commence operation from the first of the month after the next month from the date of issue of smart card. Thus, if the initial smart cards are issued anytime during the month of February in a particular district the scheme will commence from 1<sup>st</sup> of April. The scheme will last for one year till 31<sup>st</sup> March of next year. This would be the terminal date of the scheme in that particular district. Thus, cards issued during the intervening period will also have the terminal date as 31<sup>st</sup> March of the following year. The date of commencement of insurance for the cards issued during the intervening period will be as follows:

	<b>Smart card issued upto</b>	<b>Insurance will start</b>	<b>Policy period</b>	<b>Premium</b>
1.	February 2009	1st April 2009	1st April to 31st March	<b><u>FULL</u></b>
2.	March 2009	1st May 2009	Upto 31st March 2010	<b><u>FULL</u></b>
3.	April 2009	1st June 2009	Upto 31st March 2010	<b><u>FULL</u></b>
4.	May 2009	1st July 2009	Upto 31st March 2010	<b><u>9/12</u></b>
5.	June 2009	1st August 2009	Upto 31st March 2010	<b><u>8/12</u></b>
6.	July 2009	1st September 2009	Upto 31st March 2010	<b><u>7/12</u></b>
7.	August 2009	1st October 2009	Upto 31st March 2010	<b><u>6/12</u></b>
<b>Enrolment will freeze from September 2009 for above policy period</b>				

**For smart cards issued consequent to the completion of month after the commencement of the Policy in a District, only prorata premium would be paid for the remaining period of the year as per above stipulation.**

In case the initial cards themselves are issued in a particular district in subsequent months, e.g. May, the scheme itself will commence from 1<sup>st</sup> of July and will have a terminal date of 30<sup>th</sup> of June of the next year. The cards issued subsequently will also have 30<sup>th</sup> June as the terminal date. However, the commencement of insurance for cards issued subsequently in that district will be determined by the logic mentioned above.

The salient points regarding commencement & end of the policy are

- Policy shall commence one month after the month in which a card is issued
- Policy start date for cards in a single district may also be staggered based on card issuance
- Policy end date shall be the same for ALL cards in a district
- Policy end date shall be calculated as completion of one year from the date of Policy start for the 1<sup>st</sup> card in a district
- This means that cards issued one month after issuance of 1<sup>st</sup> card in the district shall be for 11 months and so on so forth
- After 3 months of card issuance, premium shall be paid as per the number of months the policy would be in operation
- Minimum 6 months of service needs to be provided to a beneficiary, hence enrollments in a district shall cease 6 months from beginning of card issuance.

## **11. Cashless Access Service**

The Insurer has to ensure that all the 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 as the Services are covered under the Rashtriya Swasthya Bima Yojana. This service provided by the Insurer along with subject to responsibilities of the

Insurer as detailed in this clause 11 is collectively referred to as the **“Cashless Access Service.”**

The services have to be provided to the beneficiary based on Smart card & fingerprint authentication only with the minimum of delay for pre authorization. Reimbursement to hospitals should be based on the electronic transaction data received from hospitals.

The beneficiaries shall be provided treatment free of cost for all such ailments covered under the scheme within the limits/sub-limits and sum insured, i.e., not specifically excluded under the scheme. The hospital shall be reimbursed as per the package cost specified in the tender agreed for specified packages or as mutually agreed with hospitals in case of unspecified packages.

### **1. Cashless Access in case package is fixed**

Once the identity of the beneficiary and or his family member is established by verifying the fingerprint of the patient and the smart card following procedure shall be followed for providing the health care facility under package rates:

- a) It has to be seen that patient is admitted for covered procedure and package for such intervention is available.
- b) Beneficiary has balance in his account.
- c) Provisional entry shall be made for carrying out such procedure. It has to be ensured that no procedure is carried out unless provisional entry is completed on the smart card through blocking of claim amount.
- d) At the time of discharge final entry shall be made on the smart card after verification of patient's fingerprint (any other enrolled family member in case of death) to complete the transaction.

### **2. Pre-Authorization for Cashless Access in case no package is fixed**

Once the identity of the beneficiary and or his family member is established by verifying the fingerprint of the patient and the smart card, following procedure shall be followed for providing the health care facility not listed in packages:

- a) Request for hospitalization shall be forwarded by the provider after obtaining due details from the treating doctor in the prescribed format i.e. “request for authorization letter” (RAL). The RAL needs to be faxed to the 24-hour authorization /cashless department at fax number 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.

- b) The RAL should reach the authorization department of insurer within 6 hrs of admission in case of emergency or within 7 days prior to the expected date of admission, in case of planned admission.
- c) In failure of the above “clause b”, the clarification needs to be forwarded with the request for authorization.
- d) The RAL form should be dully filled with clearly mentioned Yes or No. There should be no nil, or blanks, which will help in providing the outcome at the earliest.
- e) Insurer guarantees payment only after receipt of RAL and the necessary medical details. Only after Insurer has ascertained and negotiated the package with provider, shall issue the Authorization Letter (AL). This shall be completed within 12 hours of receiving the RAL.
- f) In case the ailment is not covered or given medical data is not sufficient for the medical team of authorization deptt to confirm the eligibility, insurer can deny the authorization.
- g) Denial of authorization (DAL)/guarantee of payment is by no means denial of treatment. The provider is requested to deal with such case as per their normal rules and regulations.
- h) Authorisation letter [AL] will mention the authorization number and the amount guaranteed as a package rate for such procedure for which package has not been fixed earlier. Provider must see that these rules are strictly followed.
- i) The guarantee of payment is given only for the necessary treatment cost of the ailment covered and mentioned in the request for Authorisation letter (RAL) for hospitalization as a package only as defined in “**article V**”.
- j) The entry on the smart card for blocking as well at discharge would record the authorization number as well as package amount agreed upon by the hospital and insurer. Since this would not be available in the package list on the computer, it would be entered manually by the hospital.
- k) In case the balance sum available is considerably less than the Package, provider should follow their norms of deposit/running bills etc. However provider shall only charge the balance amount against the package from the beneficiary. Insurer upon receipt of the bills and documents would release the guaranteed amount.

- l) Insurer will not be liable for payments in case the information provided in the “request for authorization letter” and subsequent documents during the course of authorization, is found incorrect or not disclosed.

## **12. Enrolment Procedure**

The enrolment of the beneficiaries will be undertaken by the Insurance Company selected by the State Government and approved by the Central Government. The Insurer shall enroll the BPL beneficiaries based on the soft data provided by the State Government/Nodal Agency and issue Smart card as per Central Government specifications through Smart Card Vender and handover the same to the beneficiaries at enrolment station level/village level itself during the enrolment period.

The insurance company shall under no circumstances make any changes to the BPL data except for capturing the fields as defined in the **Annexure – 16**.

Further, the enrolment process shall continue as per schedule agreed by the Government / Nodal Agency. Insurer in consultation with the State Government / Nodal Agency shall chalk out the enrolment cycle up to village level by identifying enrolment stations in a manner that representative of Insurer, Government/Nodal Agency and smart card vender can complete the task in scheduled time. The process of enrolment shall be as under:

- (a) The Insurer may download the BPL data for the selected districts from the RSBY website. This data would have been uploaded by the nodal agency in the pre-defined format after self verification.
- (b) The Insurer will arrange for preparation of the smart card as per the Guidelines provided in **Annexure-16**. The software for issuing smart cards and usage of smart card services shall be the one approved by the Central Government.
- (c) The premium quoted is inclusive of the cost of smart card as well. A schedule of programme shall be worked out by the Government/Nodal Agency in consultation with the Insurer for each village in the district.
- (d) The nodal agency shall ensure availability of sufficient number of FKO's to accompany the enrollment teams as per schedule.
- (e) Advance publicity of the visit of representatives of the State Government and the Insurance Provider shall be done by the Insurer and State Government/Nodal Agency in respective villages.
- (f) List of BPL should be posted prominently in the village by the Insurer.
- (g) The representatives shall visit each enrolment station/village in the selected district jointly on the pre-schedule dates for enrolment and issuance of smart card.
- (h) At the time of enrolment, the government official shall identify each beneficiary in the presence of the insurance representative.

- (i) At the time of handing over the card, the INSURER shall collect the registration fee of Rs.30/- from the beneficiary.
- (j) This amount will be adjusted against the amount of premium to be paid to the INSURER by the Nodal Agency.
- (k) The Insurer's representative shall also provide a pamphlet along with Smart Card to the beneficiary indicating the list of the networked hospitals, the availability of benefits and the names and details of the contact person/persons. To prevent damage to the smart card, a plastic jacket should be provided to keep the smart card.
- (l) The beneficiary shall also be informed about the date on which the card will become operational (month).
- (m) The beneficiary or the eligible person of the family shall be entitled for cashless treatment in designated hospitals on presentation of the Smart Card

**13. Delivery of Services by Intermediaries:** The Insurer will enter into service agreement(s) with one or more intermediary institutions for the purposes of ensuring effective outreach to Beneficiaries and to facilitate usage by Beneficiaries of Benefits covered under this Agreement. The Insurer will also compensate such intermediaries for their services at an appropriate rate.

**14. Penalty Clause:** Failure to abide with the terms will attract such penalty as is determined at the time of finalizing the contract for health and smart card related services.

**15. 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 State Government/Nodal Agency.

**16. Criteria For Evaluating Bids / Proposals:**

The Technical Proposals will be evaluated by a panel of officials nominated by the Government of Assam/NRHM. Once the technical bids have been evaluated, the successful bidders will be informed about the date of opening of financial bids. Financial bids of only those bidders will be opened who are declared successful in the technical Bid Evaluation stage. Financial bids will be opened in presence of the representatives of insurance companies that have been declared successful in the technical bid evaluation stage

**17. Award of Contract:**

State Government/Nodal Agency shall 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 determined by the State Government/Nodal Agency to be qualified to perform the contract satisfactorily.

**18. Government of Assam /Nodal Agency's Right to Accept or Reject**

**any or All Bids:**

Government of Assam/Nodal Agency reserves the right to accept or reject any Bid or annul the Bidding process and reject all Bids at any time prior to award of contract, without thereby incurring any liability to the affected Bidder or Bidders. Government of Assam/Nodal Agency is not bound to accept the lowest or any bid.

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

**19. 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 signing Agreement proposed by State 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.

**20. Canvassing:**

Bidders are hereby warned that canvassing in any form for influencing the process of notification of award would result in disqualification of the Bidder.

**21. 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.

**22. Submission of Proposals:**

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

- i.** Technical proposal should be sealed in a separate envelop clearly marked in **BOLD “SECTION A – TECHNICAL PROPOSAL”** and **“TECHNICAL PROPOSAL FOR IMPLEMENTING “RASHTRIYA SWASTHYA BIMA YOJANA SCHEME”** written on the top of the envelope.
- ii.** Financial proposal should be sealed in another envelop clearly marked in **BOLD “SECTION B – FINANCIAL PROPOSAL”** and **“FINANCIAL PROPOSAL FOR IMPLEMENTING “RASHTRIYA SWASTHYA BIMA YOJANA SCHEME”** written on the top of the envelope.
- iii.** Both envelops should have the bidders Name and Address clearly written at the Left Bottom Corner of the envelope.

- iv. Both envelopes should be put in a **larger cover / envelop**, sealed and clearly marked in BOLD have

**“SECTION A – TECHNICAL PROPOSAL” for “RASHTRIYA SWASTHYA BIMA YOJANA Scheme”.**

**“SECTION B – FINANCIAL PROPOSAL” for “RASHTRIYA SWASTHYA BIMA YOJANA Scheme”** written on envelop and have the bidders Name and Address clearly written in **BOLD** at the Left Bottom Corner.

- v. The bids may be cancelled and not evaluated if the bidder fails to:
  - a. Clearly mention Technical / Financial Proposal on the respective envelopes
  - b. To seal the envelope properly with sealing tape
  - c. Submit both envelopes i.e. Financial Proposal and Technical Proposal together keeping in large envelope.
  - d. Give complete bids in all aspects.
  - e. Submit financial bids in the specified Performa (**Annexure 20**)

**23. Deadline for Submission Bids / Proposals:**

Complete bid documents should be received at the address mentioned below not later than **12.00 hours on 22<sup>nd</sup> December 2008.** Bids documents received later than the prescribed date and time will not be considered for evaluation

MR \_\_\_\_\_

\_\_\_\_\_

Phone:

Fax:

Email:

## **SUBMISSION OF BIDS / PROPOSALS:**

The Government of Assam / Nodal Agency seeks detailed proposal from insurance companies interested in implementing “Rashtriya Swasthya Bima Yojana”, in the State. The proposal document should include the following:

### **SECTION A – TECHNICAL PROPOSAL:**

#### **A) QUALIFYING CRITERIA:**

- i)** Insurance company should have full fledged establishment with experience in conceptualizing, designing and implementing large healthcare schemes and should be registered with IRDA or enabled by a Central legislation to undertake insurance related activities. **(Annexure-1)**
- ii)** At least one year experience in catering to health insurance of 50,000 families or more under one group health insurance policy in 2005-2006 or 2006-2007 or 2007-2008. **(Annexure-2)**

The qualifying requirements data shall be enclosed with the Technical Bid only. The bidders who do not qualify this criterion, will be disqualified immediately and their bids will not be considered.

#### **B) AMENDMENT OF BIDDING DOCUMENTS:**

- a)** At any time prior to the deadline for submission of bids, the State 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 telegram 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 State Government/Nodal Agency may, at its discretion, extend deadline for the submission of the Bid.

**NOTE:** Oral statements made by the Bidder at any time regarding quality of service or arrangements of any other matter shall not be considered.

**C) Others:**

**I. Geographical area:** Initially the scheme is proposed to be launched in 5district/s of \_Assam as pilot project.

- a. Dibrugarh
- b. Jorhat
- c. Lakhimpur
- d. Kokrajhar
- e. Hailakandi
- .
- .

**II. Infrastructure:** Details of administrative infrastructure of the Insurance Company available in the State of Assam. **(Annexure-3)**

**III. Empanelled health facilities:** List of existing empanelled health facilities within the State of and outside the State as also the provisional list of health facilities. **(Annexure-4A & 4B)**

**IV. List of provisional common medical and surgical interventions/ procedures.** Provisional list is attached. Insurer to add more interventions/procedures system-wise to make the list exhaustive. **(Annexure-5)**

**V. Package Rates:**

Insurer will negotiate the rates of various medical/surgical interventions/ procedures under the scheme with the hospitals in consultation with the Government/State Nodal Agency and those hospitals who agree to accept the package rates shall be empanelled. These package rates will include Bed charges (General Ward), Nursing and boarding charges, Surgeons, Anesthetists, Medical Practitioner, Consultants fees, Anesthesia, Blood, Oxygen, O.T. Charges, Cost of Surgical Appliances, Medicines and Drugs, Cost of Prosthetic Devices, implants, X-Ray and Diagnostic Tests, Food to patient etc. Expenses incurred for diagnostic test and medicines upto 1 day before the admission of the patient and cost of diagnostic test and medicine upto 5 days of the discharge from the hospital for the same ailment / surgery and transport expenses will also be the part of package. The package should cover the entire cost of treatment of the patient from date of reporting to his discharge from hospital and 5 days after discharge and any complication while in hospital, making the transaction truly cashless to the patient.

Insurer is supposed to provide the **lowest package rates** of the common procedures to be fixed with the agreed hospitals by them. **(Annexure - 6)**

## **VI Detailed Prospectus of the Scheme in the Form as Required By IRDA:**

Detailed write-up prospectus as per IRDA norms on desired Health Insurance Scheme, benefits available, exclusions, conditions, premium refund clause etc including day care coverage for procedures which can be performed as day care surgery may not require 24 hours hospitalization under the scheme. **(Annexure-7)**

## **VII Minimum Exclusions:**

Common exclusions:

1. Conditions that do not require hospitalization
2. Congenital external diseases
3. Drug and Alcohol Induced illness
4. Sterilization and Fertility related procedures
5. Vaccination
6. War, Nuclear invasion
7. Suicide
8. Naturopathy, Unani, Siddha, Ayurveda

## **VIII Project Office**

Insurer shall establish a separate Project Office at convenient place for coordination with the Government/Nodal agency at Guwahati. This office shall

- a) Have a 24 hour call center with toll free help line
- b) Have a data management desk and a kiosk for post issuance modifications to the smart cards as described in **Annexure -16**.
- c) Provide preauthorization for such procedures which have not been predetermined.
- d) Have a claim settlement desk.
- e) Office in each selected district to coordinate with health provider/district officials. **(Annexure -8)**

## **IX Services Beyond Service Area:**

The INSURER shall have interrelated arrangements under the scheme with other Providers in other districts and States to provide the health services to the Beneficiaries in areas outside the limits of the Service Areas in case of migration. The INSURER shall make these arrangements available to the Beneficiaries for the purpose.

The Insurer shall also enter into arrangement with other Insurance

company's for transfer of claim & transaction data arising in areas beyond the service area.

#### **X Management Information Systems (MIS) Service**

The Insurer shall provide management information system 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.

**(Annexure -9)**

#### **XI Call Center Services**

The Insurer shall provide telephone services for the guidance and benefit of the beneficiaries whereby the Insured Persons shall receive guidance about various issues by dialing a State Toll free number. This service provided by the Insurer as detailed in this clause-XI is collectively referred to as the "Call Centre Service".

##### **1. Call Centre Information**

The Insurer shall operate a call centre for the benefit of all Insured Persons. 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 products related to health.
- c. General guidance on the Services.
- d. For cash-less treatment subject to the availability of medical details required by the medical team of the Insurer.
- e. Information on Network Providers and contact numbers.
- f. Benefit details under the policy and the balance available with the Beneficiaries.
- g. Claim status information.
- h. Advising the hospital regarding the deficiencies in the documents for a full claim.
- i. Any other relevant information/related service to the Beneficiaries.
- j. Any of the required information available at the call centre to the Government/Nodal Agency.
- k. Any related service to the Government/Nodal Agency.

##### **2. Language.**

The Insurer undertakes to provide services to the Insured Persons in English and local languages.

### **3. Toll Free Number.**

The Insurer will operate a state toll free number with a facility of a minimum of 5 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.

### **4. Insurer to inform Beneficiaries**

The Insurer will intimate the state toll free number to all beneficiaries along with addresses and other telephone numbers of the Insurer's Project Office. **(Annexure -10)**

### **XII Draft Agreement:**

The insurer is required to enter into an agreement for implementation of the scheme with State Government/Nodal Agency. Insurer may propose a draft Agreement from their end. This may be considered by the State Government/Nodal Agency. **(Annexure - 11)**

### **XIII Activity:**

Activity wise flowchart depicting the sequence of all the insurance related activities and a detailed time schedule for all activities proposed under the scheme. **(Annexure-12)**

### **XIV Capacity Building:**

The Insurer will arrange the workshop for the capacity building of the State Government/Nodal Agency, their representatives and other stake holders in respect of specific field of insurance, including intermediaries, at each district at the convenience of the insured. **(Annexure-13)**

**XV Mechanism for Publicity:** Ways and steps to be suggested **(Annexure- 14)**

### **XVI Dispute Resolution**

If any dispute arises between the parties hereto during the subsistence of this Agreement or thereafter, in connection with the validity, interpretation, implementation or alleged breach of any provision of this Agreement, the parties shall refer such dispute 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.

**XVII Business Plan:**

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

- a) Mechanism for empanelment of desired private / public health facilities / day care health facilities.
- b) Mechanism for standardization of various formats used for cashless transactions, discharged summary, billing pattern, satisfaction letter from the patient etc.
- c) Mechanism for Awareness generation.
- d) MIS for claims reporting claims settlement claims paid, required by State Government/Nodal Agency on monthly basis and as and when required.
- e) Time-line for entire process – from beneficiary approaching the network hospital for treatment upto discharge.
- f) Procedure for reporting the progress to appropriate authority nominated by the State Nodal Agency at State, Division and District level.
- g) Business Continuity Plan in case of malfunction of Smart Card mechanism – devices or card
- h) Grievance redressal mechanism procedure at District and State level.

**(Annexure-15)**

**XVIII Guidelines for Smart Card and Eligibility Criteria of Smart Card Vender** **(Annexure - 16)**

**XIX. Other Information**

**(Annexure -17)**

**XX Additional benefits:**

In case the bidder wants to offer additional benefits under the scheme, the same may be given in detail.

**(Annexure – 18)**

**Note:** the State Government/Nodal Agency can amend Terms before entering into the contract.

**Bidder is supposed to give point-wise reply of the Tender document for agreement / disagreement.**

**SECTION B – FINANCIAL PROPOSAL (To be given in Annexure-19)**

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

Premium quote for a sum insured of Rs. 30,000 per family (up to unit of 5) on floater basis:

<b>S.NO.</b>	<b>PREMIUM PER FAMILY WITHOUT S.T.</b>	<b>PREMIUM PER FAMILY WITH S.T.</b>
1	Rs.	Rs.

**Note: No other document or attachment shall be permissible along with Annexure-19. Any deviation will attract disqualification.**

**TERMS CAN BE AMENDED BY THE STATE GOVERNMENT/NODAL AGENCY BEFORE ENTERING INTO THE CONTRACT.**

**SECTION A – DETAILS OF TECHNICAL PROPOSAL:**

**Name of the Insurance Company:** \_\_\_\_\_

	<b>Section of Technical Bid</b>	<b>Comments / Observation of Insurer</b>	<b>To be provided by</b>
<b>A</b>	Qualifying criteria:		
	(I) IRDA license	Annexure -1	Insurer
	(II) Experience:	Annexure-2	Insurer
<b>B</b>	Amendment of bidding documents:		Govt.
<b>C</b>	Others		
I	Geographical Area	i ii iii iv v	Govt.
II	Infrastructure:	Annexure-3	Insurer
III	Empanelled health facilities:	Annexure- 4A &4B	Insurer
IV	List of provisional common medical and surgical interventions / procedures.	Annexure -5	Govt./ Insurer
V	Package rates:	Annexure- 6	Insurer
VI	Detailed prospectus of the scheme in the form as required by IRDA.	Annexure- 7	Insurer
VII	Minimum exclusions		Insurer
XVIII	Project Office	Annexure-8	Insurer
IX	Services beyond service area		Insurer
X	Management Information System	Annexure-9	Insurer
XI	Call centre Service	Annexure-10	Insurer
XII	Draft MOU:	Annexure-11	Insurer
XIII	Activity	Annexure-12	Insurer
XIV	Capacity Building	Annexure-13	Insurer
XV	Mechanism for Publicity:	Annexure-14	Insurer

XVI	Dispute Resolution Clause		Insurer
XVII	Business plan:	Annexure-15	Insurer
XVIII	Guidelines for Smart Card and Eligibility Criteria of Vender	Annexure-16	Govt.
XIX	Other Information	Annexure-17	Insurer
XX	Additional benefits:	Annexure-18	Insurer

**NOTE:**

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

**DECLARATION BY THE BIDDER**

I, \_\_\_\_\_ Designated as \_\_\_\_\_  
 At \_\_\_\_\_ of \_\_\_\_\_ Insurance  
 Company hereby declare that I have read the contents of the tender  
 document and here by submit the bid in the desired format with respective  
 annexure duly signed by me.

**SIGNATURE**

**Name**

**Designation**

**Date:**









**PROVISIONAL/SUGGESTED LIST FOR MEDICAL AND SURGICAL INTERVENTIONS / PROCEDURES IN GENERAL WARD FOR WHICH PACKAGE RATES MAY BE FIXED**

These package rates will include bed charges (General ward), Nursing and boarding charges, Surgeons, Anesthetists, Medical Practitioner, Consultants fees, Anesthesia, Blood, Oxygen, O.T. Charges, Cost of Surgical Appliances, Medicines and Drugs, Cost of Prosthetic Devices, implants, X-Ray and Diagnostic Tests, Food to patient etc. Expenses incurred for diagnostic test and medicines upto 1 day before the admission of the patient and cost of diagnostic test and medicine upto 5 days of the discharge from the hospital for the same ailment / surgery including Transport Expenses will also be the part of package. The package should cover the entire cost of treatment of the patient from date of reporting (1 day Pre hospitalisation) to his discharge from hospital and 5 days after discharge, Transport Expenses and any complication while in hospital, making the transaction truly cashless to the patient.

**Medical (Non surgical) hospitalisation procedures means** Bacterial meningitis, Bronchitis- Bacterial/Viral, Chicken pox, Dengue fever, Diphtheria, Dysentery, Epilepsy, Filariasis, Food poisoning, Hepatitis, Malaria, Measles, Meningitis, Plague, Pneumonia, Septicemia, Tuberculosis (Extra pulmonary, pulmonary etc), Tetanus, Typhoid, Viral fever, Urinary tract infection, Lower respiratory tract infection and other such procedures requiring hospitalisation etc.

<p><b>(i). NON SURGICAL(Medical) TREATMENT IN GENERAL WARD</b></p> <p>These package rates will include bed charges (General ward), Nursing and boarding charges, Surgeons, Anesthetists, Medical Practitioner, Consultants fees, Anesthesia, Blood, Oxygen, O.T. Charges, Medicines and Drugs, X-Ray and Diagnostic Tests, Food to patient etc. Expenses incurred for diagnostic test and medicines upto 1 day before the admission of the patient and cost of diagnostic test and medicine upto 5 days of the discharge from the hospital for the same ailment / surgery including Transport Expenses will also be the part of package. The package should cover the entire cost of treatment of the patient from date of reporting (1 day Pre hospitalisation) to his discharge from hospital and 5 days after discharge, Transport Expenses and any complication while in hospital, making the transaction truly cashless to the patient.</p>	<p>Maximum upto Rs.____ per day</p>
<p><b>(ii) IF ADMITTED IN ICU:</b></p> <p>This includes bed charges (general ward), Nursing and boarding charges, Surgeons, Anesthetists, Medical Practitioner, Consultants fees, Anesthesia, Blood, Oxygen,</p>	<p>Maximum upto</p>

O.T. Charges, Medicines and Drugs, X-Ray and Diagnostic Tests, food to patient etc. during stay in I.C.U.	Rs. ___ per day
<p><b>(iii) SURGICAL PROCEDURES IN GENERAL WARD (NOT SPECIFIED IN PACKAGE IV):</b></p> <p>This includes bed charges (General ward), Nursing and boarding charges, Surgeons, Anesthetists, Medical Practitioner, Consultants fees, Anesthesia, Blood, Oxygen, O.T. Charges, Cost of Surgical Appliances, Medicines and Drugs, Cost of Prosthetic Devices, implants, X-Ray and Diagnostic Tests, Food to patient etc. Expenses incurred for diagnostic test and medicines upto 1 day before the admission of the patient and cost of diagnostic test and medicine upto 5 days of the discharge from the hospital for the same ailment / surgery including Transport Expenses will also be the part of package. The package should cover the entire cost of treatment of the patient from date of reporting (1 day Pre hospitalisation) to his discharge from hospital and 5 days after discharge, Transport Expenses and any complication while in hospital, making the transaction truly cashless to the patient.</p>	To be negotiated with Insurer before carrying out the procedure
<p><b>(iv) SURGICAL PROCEDURES IN GENERAL WARD (SPECIFIED IN PACKAGE IV):</b></p> <p>This includes bed charges (General ward), Nursing and boarding charges, Surgeons, Anesthetists, Medical Practitioner, Consultants fees, Anesthesia, Blood, Oxygen, O.T. Charges, Cost of Surgical Appliances, Medicines and Drugs, Cost of Prosthetic Devices, implants, X-Ray and Diagnostic Tests, Food to patient etc. Expenses incurred for diagnostic test and medicines upto 1 day before the admission of the patient and cost of diagnostic test and medicine upto 5 days of the discharge from the hospital for the same ailment / surgery including Transport Expenses will also be the part of package. The package should cover the entire cost of treatment of the patient from date of reporting (1 day Pre hospitalisation) to his discharge from hospital and 5 days after discharge, Transport Expenses and any complication while in hospital, making the transaction truly cashless to the patient.</p>	Refer IV below.

<b>IV. IPD &amp; DAY CARE PROCEDURES</b>				
I.				
			<b>COST</b>	<b>DAYS</b>
		<b>DENTAL</b>		
1	1	Fistulectomy		
2	2	Fixation of fracture of jaw		

3	3	Sequestrectomy		
4	4	Tumour excision		
		<b>EAR</b>		
5	1	Aural polypectomy		
6	2	Decompression sac		
7	3	Fenestration		
8	4	Labyrinthectomy		
9	5	Mastoidectomy corticol module radical		
10	6	Mastoidectomy with tympanoplasty		
11	7	Mastoidectomy		
12	8	Mastoidectomy With Myringoplasty		
13	9	Myringoplasty		
14	10	Myringoplasty with ossiculoplasty		
15	11	Myringotomy - Bilateral		
16	12	Myringotomy - Unilateral		
17	13	Myringotomy with grommet - One ear		
18	14	Myringotomy with grommet - Both ear		
19	15	Ossiculoplasty		
20	16	Partial amputation pinna		
21	17	Preauricular sinus		
22	18	Stapedectomy		
23	19	Vidian neurectomy - Micro		
24	20	Tympanoplasty		
		<b>NOSE</b>		
25	1	Ant. Ethmoidal artery ligation		
26	2	Antrostomy - Bilateral		
27	3	Antrostomy - Unilateral		
28	4	Caldwell - luc - Bilateral		
29	5	Caldwell - luc- Unilateral		
30	6	Cryosurgery		
31	7	Rhinorrhoea - repair		
32	8	Endoscopic Dacryocystorhinostomy (DCR)		
33	9	Endoscopic septoplasty		
34	10	Ethmoidectomy - External		
35	11	Fracture reduction nose with septal correction		
36	12	Fracture setting maxilla		
37	13	Fracture setting nasal bone		
38	14	Functional endoscopic sinus (FESS)		
39	15	Intra nasal ethmoidectomy		
40	16	Rhinotomy - Lateral		
41	17	Nasal polypectomy - Bilateral		
42	18	Nasal polypectomy - Unilateral		

43	19	Turbinectomy Partial - Bilateral		
44	20	Turbinectomy Partial - Unilateral		
45	21	Radical fronto ethmo sphenodectomy		
46	22	Rhinoplasty		
47	23	Septoplasty		
48	24	Sinus antroscopy		
49	25	Submucos resection		
50	26	Trans antral ethmoidectomy		
51	27	Youngs operation		
		<b>THROAT</b>		
52	1	Adeno tonsillectomy		
53	2	Adenoidectomy		
54	3	Arytenoidectomy		
55	4	Choanal atresia		
56	5	Retro pharyngeal abscess - Drainage		
57	6	Pharyngeal diverticulum's - Excision		
58	7	Laryngectomy		
59	8	Maxilla - Excision		
60	9	Oro antral fistula		
61	10	Parapharyngeal - Explorationy		
62	11	Parapharyngeal -Tumour excision		
63	12	Parapharyngeal abscess - Drainage		
64	13	Pharyngo plasty		
65	14	Release of tongue tie		
66	15	Retropharyngeal abscess drainage		
67	16	Styloidectomy - Both side		
68	17	Styloidectomy - One side		
69	18	Superficial parotidectomy		
70	19	Thyroglossal cyst - Excision		
71	20	Thyroglossal fistula - Excision		
72	21	Tonsillectomy - Bilateral		
73	22	Tonsillectomy - Unilateral		
74	23	Total parotidectomy		
75	24	Uvulophanyngo plasty		
		<b>GENERAL</b>		
76	1	Abdomino perineal resection		
77	2	Addventious Burse - Excission		
78	3	Anterior resection for CA		
79	4	Appendicectomy		
80	5	Appendicular abscess - Drainage		
81	6	Arteriovenous (AV) Malformation of Soft Tissue Tumour - Excision		
82	7	Axcillary Lymphnode - Excission		
83	8	Bakers cyst - Excision		

84	9	Bilateral inguinal block dissection		
85	10	Bleeding ulcer - Gastrectomy & vagotomy		
86	11	Bleeding ulcer - Partial gastrectomy		
87	12	Block dissection cervical nodes		
88	13	Branchial fistula		
89	14	Breast - Excission		
90	15	Breast Lump - Left - Excission		
91	16	Breast Lump - Right - Excission		
92	17	Breast Mass - Excission		
93	18	Bronchial cyst		
94	19	Bursa - Excission		
95	20	Bypass - Inoprablaca of pancreas		
96	21	Caecopexy		
97	22	Carbuncle back		
98	23	Cavernostomy		
99	24	Cervial Lymphnodes - Excission		
100	25	Cholecystostomy		
101	26	Cholecystectomy & exploration		
102	27	Colocystoplasty		
103	28	Colostomy		
104	29	Commando operation		
105	30	Corn - Large - Excission		
106	31	Cyst over Scrotum - Excission		
107	32	Cystic Mass - Excission		
108	33	Dermoid Cyst - Small - Excission		
109	34	Dermoid Cyst - Large - Excission		
110	35	Distal Pancreatectomy with Pancreatico Jejunostomy		
111	36	Diverticulectomy		
112	37	Dorsal Slit and Reduction of Paraphimosis		
113	38	Drainage of ischio rectal abscess		
114	39	Drainage of large abscess		
115	40	Drainage of peripherally gastric abscess		
116	41	Drainage of psoas abscess		
117	42	Drainage of subdiaphragmatic abscess		
118	43	Drainage pericardial effusion		
119	44	Duodenal diverticulum		
120	45	Duodenal jejunostomy		
121	46	Duodenectomy		
122	47	Dupcrytren's		
123	48	Duplication of intestine		
124	49	Epidymal Cyst		
125	50	Epidedectomy		
126	51	Epididymal Swelling -Excission		
127	52	Epidymal Cyst		
128	53	Evacuation of Scrotal Hematoma		
129	54	Excision benign tumor -Small intestine		

130	55	Excision bronchial sinus		
131	56	Excision of liver abscess		
132	57	Excision filarial scrotum		
133	58	Excision mammary fistula		
134	59	Excision meckel's diverticulum		
135	60	Excision pilonidal sinus		
136	61	Excision small intestinal fistulla		
137	62	Excision submandibular gland		
138	63	Excission of Small Growth from Tongue		
139	64	Excission of Large Growth from Tongue		
140	65	Excission of Swelling in Right Cervial Region		
141	66	Excission of Small Swelling in Hand		
142	67	Excission of Large Swelling in Hand		
143	68	Excission under Neurofibroma		
144	69	Excission of siniuds and curetage		
145	70	Facial decompression		
146	71	Fibro Lipoma of Right Sided Spermatic with Lord Excission		
147	72	Fibroadenoma - Bilateral		
148	73	Fibrodenoma - Unilateral		
149	74	Fibroma - Excission		
150	75	Fissurectomy		
151	76	Fissurectomy with Eversion of Sac - Bilateral		
152	77	Fissurectomy and Haemorrhoidectomy		
153	78	Fissurectomy with Sphincterotomy		
154	79	Fistula Repair		
155	80	Fistulectomy		
156	81	Foreign Body Removal in Deep Region		
157	82	Fulguration		
158	83	Fundoplication		
159	84	G J Vagotomy		
160	85	Vagotomy		
161	86	Ganglion - large - Excission		
162	87	Ganglion (Dorsum of Both Wrist) - Excission		
163	88	Ganglion - Small - Excission		
164	89	Gastro jejunal ulcer		
165	90	Gastro jejuno colic fistula		
166	91	Gastrojejunosotomy		
167	92	Gastrotomy		
168	93	Graham's operation		
169	94	Granuloma - Excission		
170	95	Growth - Excission		
171	96	Haemangioma - Excission		
172	97	Haemorrhage of small intestine		

173	98	Hemi glossectomy		
174	99	Hemi mandibulectomy		
175	100	Hemicolectomy		
176	101	Hemithyroidectomy		
177	102	Hepatic resection (lobectomy)		
178	103	Hernia Epigastric		
179	104	Hernia Incisional		
180	105	Hernia repair & release of obstruction		
181	106	Hernia - Umbilical		
182	107	Hernia - Ventral - lipectomy/incisional		
183	108	Hernia - Femoral		
184	109	Hernioplasty		
185	110	Herniorrhaphy and Hydrocelectomy Sac Excision		
186	111	Hernia - Hiatus		
187	112	Hydatid cyst of liver		
188	113	Hydrocele Sac of Both Sides - Excision		
189	114	Hydrocelectomy - Excision		
190	115	Hydrocelectomy+Hernioplasty - Excision		
191	116	Hydrocele - Excision - Unilateral		
192	117	Hydrocele - Excision - Bilateral		
193	118	Ileostomy		
194	119	Infected Bunion Foot - Excision		
195	120	Inguinal node (bulk dissection) axial		
196	121	Intestinal perforation		
197	122	Intestinal Obstruction		
198	123	Intussusception		
199	124	Jejunostomy		
200	125	Closure of Perforation		
201	126	Cysto reductive surgery		
202	127	Gastric Perforation		
203	128	Intestinal Perforation (Resection Anastomosis)		
204	129	Appendicular Perforation		
205	130	Burst Abdomen Obstruction		
206	131	Closure of Hollow Viscus Perforation		
207	132	Laryngectomy & pharyngeal diverticulum		
208	133	Pharyngeal diverticulum		
209	134	Laryngectomy with block dissection		
210	135	Laryngo fissure		
211	136	Laryngopharyngectomy		
212	137	Ileostomy		
213	138	Lipoma		
214	139	Loop colostomy sigmoid		
215	140	Lords procedure (haemorrhoids)		
216	141	Lumpectomy - Excision		
217	142	Mastectomy		

218	143	Mesecteric cyst - Excision		
219	144	Mesenteric caval anastomosis		
220	145	Microlaryngoscopic surgery		
221	146	Oeshophagoscopy for foreign body removal		
222	147	Oesophagectomy		
223	148	Oesophagus portal hypertension		
224	149	Pelvic abscess - Open drainage		
225	150	Orchidectomy		
226	151	Orchidectomy + Herniorraphy		
227	152	Orchidopexy		
228	153	Orchidopexy with Circumssion		
229	154	Orchidopexy With Eversion of Sac		
230	155	Orchidopexy with Herniotomy		
231	156	Orchitis		
232	157	Pancreatrico deodeneotomy		
233	158	Papilloma Rectum - Excission		
234	159	Parapharyngeal Tumor - Excission		
235	160	Phyiitomas Growth in the Scalp - Excission		
236	161	Porto caval anastomosis		
237	162	Pyeoloroplasty		
238	163	Radical mastectomy		
239	164	Radical Neck Dissection - Excission		
240	165	Hernia - Spigelion		
241	166	Rectal dilation		
242	167	Prolapse of Rectal Mass - Excission		
243	168	Rectal polyp		
244	169	Rectopexy		
245	170	Repair of common bile duct		
246	171	Resection anastomosis (Large Intestine)		
247	172	Resection anastomosis (Small Intestine)		
248	173	Retroperitoneal Tumor - Excission		
249	174	Sabecaous Cyst Infected - Excission		
250	175	Salivary Gland - Excission		
251	176	Sebaceous Cyst - Excission		
252	177	Segmental resection of breast		
253	178	Scrotal Swelling (Multiple) - Excission		
254	179	Sigmoid diverticulum		
255	180	Simple closure - Peptic perforation		
256	181	Sinus - Excission		
257	182	Soft Tissue Tumor - Excission		
258	183	Spindle Cell Tumor - Excission		
259	184	Splenectomy		
260	185	Submandibular Lymphs - Excission		
261	186	Submandibular Mass Excission + Reconstruction		
262	187	Submandibular salivary gland -Removal		

263	188	Superficial parodectomy		
264	189	Sweeling in Rt and Lt Foot - Excission		
265	190	Sweling Over Scapullar Region		
266	191	Terminal colostomy		
267	192	Thyroplasty		
268	193	Coloectomy - Total		
269	194	Cystectomy - Total		
270	195	Glossectomy - Total		
271	196	Pharyngectomy & reconstruction - Total		
272	197	Tracheal stenosis (End to end anastamosis)		
273	198	Tracheoplasty		
274	199	Tranverse colostomy		
275	200	Umbilical Sinus - Excission		
276	201	Vagotomy & drainage		
277	202	Vagotomy & pyloroplasty		
278	203	Varicose Veins - Excission and Ligation		
279	204	Vasco vasostomy		
280	205	Volvulous of large bowel		
281	206	Warren's shunt		
		<b>GYNAECOLOGY</b>		
282	1	Abdomonal open for stress incision		
283	2	Bartholin abscess I & D		
284	3	Bartholin cyst removal		
285	4	Cervical ppolypctomy		
286	5	Cyst labial		
287	6	Cyst vaginal enucleation		
288	7	Ovarian cystectomy		
289	8	Cystocele - Anterior repair		
290	9	D&C ( Dilatation & curretage)		
291	10	Electro cauterisation cryo surgery		
292	11	Fractional curretage		
293	12	Gilliams operation		
294	13	Haemato colpo/excision - Vaginal septum		
295	14	Hymenectomy & repair of hymen		
296	15	Hysterectomy - abdominal		
297	16	Hysterectomy - Vaginal		
298	17	Hysterectomy - Wertheims operation		
299	18	Hysterotomy -Tumors removal		
300	19	Myomectomy - Abdominal		
301	20	Ovarectomy		
302	21	Perineal tear repair		
303	22	Prolapse uterus -L forts		
304	23	Prolapse uterus - Manchester		
305	24	Retro vaginal fistula repair		

306	25	Salpingoophrectomy		
307	26	Tuboplasty		
308	27	Vaginal tear repair		
309	28	Vulvectomy		
310	29	Vulvectomy - Radical		
311	30	Vulval tumors removal		
		<b>ENDOSCOPIC PROCEDURES</b>		
312	1	Ablation of endometriotic spot		
313	2	Adenolysis		
314	3	Appendectomy		
315	4	Cholecystectomy		
316	5	Cholecystectomy and Drainage of Liver abscess		
317	6	Cholecystectomy with Excision of TO Mass		
318	7	Cyst aspiration		
319	8	Endometria to endometria anastomosis		
320	9	Fimbriolysis		
321	10	Hemicolectomy		
322	11	Hysterectomy with bilateral salpingo ophrectomy		
323	12	Incisional hernia - Repair		
324	13	Inguinal hernia - Bilateral		
325	14	Inguinal hernia - Unilateral		
326	15	Intestinal resection		
327	16	Myomectomy		
328	17	Oophrectomy		
329	18	Ovarian cystectomy		
330	19	Peritonitis		
331	20	Salpingo ophrectomy		
332	21	Salpingostomy		
333	22	Uterine septum		
334	23	Varicocele - Bilateral		
335	24	Varicocele - Unilateral		
336	25	Repair of ureterocele - Endoscopy		
		<b>HYSTEROSCOPIC</b>		
337	1	Ablation of endometrium		
338	2	Hysteroscopic tubal cannulation		
339	3	Polypectomy		
340	4	Uterine synechia - Cutting		
		<b>NEUROSURGERY</b>		
341	1	Anneurysm		

342	2	Anterior encephalocele		
343	3	Burr hole		
344	4	Carotid endarterectomy		
345	5	Carpal tunnel release		
346	6	Cervical ribs - Bilateral		
347	7	Cervical ribs - Unilateral		
348	8	Cranio ventricular		
349	9	Cranioplasty		
350	10	Craniostenosis		
351	11	Cerebrospinal fluid (CSF) rhinorrhoea		
352	12	Duroplasty		
353	13	Haematoma (Child irritable subdural)		
354	14	Haematoma - Brain (hypertensive)		
355	15	Haematoma - Brain (head injuries)		
356	16	Laminectomy with fusion		
357	17	Local neurectomy		
358	18	Lumbar disc		
359	19	Meningocele - Anterior		
360	20	Meningocele - Lumbar		
361	21	Meningocele - Occipital		
362	22	Microdiscectomy - Cervical		
363	23	Microdiscectomy - Lumbar		
364	24	Neurolysis		
365	25	Peripheral nerve surgery		
366	26	Posterior fossa - Decompression		
367	27	Repair & Transposition Nerve		
368	28	Brachial Plexus - Repair		
369	29	Spina Bifida - Large - Repair		
370	30	Spina Bifida - Small - Repair		
371	31	Shunt		
372	32	Skull traction		
373	33	Spine - Anterior decompression		
374	34	Spine - Canal stenosis		
375	35	Spine - Decompression & fusion		
376	36	Spine - Disc cervical/lumbar		
377	37	Spine - Extradural tumour		
378	38	Spine - Intradural tumour		
379	39	Spine - Intramedullary tumours		
380	40	Subdural aspiration		
381	41	Temporal rhizotomy		
382	42	Trans sphenoidal		
383	43	Tumours - Supratentorial		
384	44	Tumours meninges - Gocussa		
385	45	Tumours meninges - Posterior		
386	46	Vagotomy with Gastrojejunostomy		
387	47	Vagotomy with Pyeloplasty		

388	48	Vagotomy: Highly Selective		
389	49	Vagotomy - Selective		
390	50	Ventricular puncture		
		<b>OPHTHALMOLOGY</b>		
391	1	Abscess drainage of lid		
392	2	Anterior chamber reconstruction		
393	3	Buckle removal		
394	4	Canaliculo dacrocysto rhinostomy		
395	5	Capsulotomy		
396	6	Cataract - Bilateral		
397	7	Cataract - Unilateral		
398	8	Corneal grafting		
399	9	Cryoretinopexy - Closed		
400	10	Cryoretinopexy - Open		
401	11	Cyclocryotherapy		
402	12	Cyst		
403	13	Dacrocystectomy With Pterygium - Excision		
404	14	Dacrocysto rhinostomy		
405	15	Dacryocystectomy		
406	16	Endoscopic optic nerve decompression		
407	17	Endoscopic optic orbital decompression		
408	18	Enucleation		
409	19	Enucleation with implant		
410	20	Excentration		
411	21	Exotropion correction		
412	22	Glaucoma surgery (trabeculectomy)		
413	23	Intraocular foreign body removal		
414	24	Keratoplasty		
415	25	Lensectomy		
416	26	Limbal dermoid removal		
417	27	Membranectomy		
418	28	Perforating corneo - Scleral injury		
419	29	Pterygium (Day care)		
420	30	Ptosis		
421	31	Radical keratotomy		
422	32	IRIS prolapse - Repair		
423	33	Retinal detachment surgery		
424	34	Small tumour of lid - Excision		
425	35	Socket reconstruction		
426	36	Trabeculectomy - Right		
427	37	Tridectomy		
429	39	Tumours of IRIS		
430	40	Vitrectomy		
431	41	Vitrectomy + Retinal Detachment		

		<b>ORTHOPAEDIC</b>		
432	1	Acromion reconstruction		
433	2	Accessory bone - Excision		
434	3	Ampuatiion - Upper Fore Arm		
435	4	Amputaion - Index Fingure		
436	5	Amputation - Forearm		
437	6	Amputation - Wrist Axcillary Node Disection		
438	7	Amputation - 2nd and 3rd Toe		
439	8	Amputation - 2nd Toe		
440	9	Amputation - 3rd and 4th Toes		
441	10	Amputation - 4th and 5th Toes		
442	11	Amputation - Ankle		
443	12	Amputation - Arm		
444	13	Amputation - Digits		
445	14	Amputation - Fifth Toe		
446	15	Amputation - Foot		
447	16	Amputation - Forefoot		
448	17	Amputation - Great Toe		
449	18	Amputation - Wrist		
450	19	Amputation - Leg		
451	20	Amputation - part of Toe and Fixation of K Wire		
452	21	Amputation - Thigh		
453	22	Anterior & posterior spine fixation		
454	23	Arthroplasty - Excission		
455	24	Arthorotomy		
456	25	Arthrodesis ankle triple		
457	26	Arthroplasty (joints) - Excision		
458	27	Arthroplasty of Femurhead - Excission		
459	28	Bimalleolar fracture fixation		
460	29	Bone Tumour and Reconstruction -Major - Excission		
461	30	Bone Tumour and Reconstruction - Minor - Excission		
462	31	Calcaneal Spur - Excission of Both		
463	32	Clavicle surgery		
464	33	Close fixation - hand bones		
465	34	Close fixation - foot bones		
466	35	Close Reduction - Small joints		
467	36	Closed interlock nailing+Bone Grafting		
468	37	Closed Interlocking Intermedullary		
469	38	Closed Interlocking Tibia + Orif of Fracture Fixation		
470	39	Closed Reduction and Internal Fixation		

471	40	Closed reduction and internal fixation with K wire		
472	41	Closed reduction and Percutaneous screw Fixation		
473	42	Closed Reduction and Percutaneous Pinning		
474	43	Closed Reduction and Percutaneous Nailing		
475	44	Closed reduction and Proceed to Posterior Stabilization		
476	45	Debridement & closure - Major		
477	46	Debridement & closure - Minor		
478	47	Decompression and Spinal Fixation		
479	48	Decompression and Stabilization with Steffiplat		
480	49	Decompression L5 S1 Fusion with Posterior Stabilization		
481	50	Decompression of Carpal Tunnel Syndrome		
482	51	Decompression Posterior D12+L1		
483	52	Decompression Stabilization and Laminectomy		
484	53	Dislocation - Elbow		
485	54	Dislocation - Shoulder		
486	55	Dislocation- Hip		
487	56	Dislocation - Knee		
488	57	Drainage of abscess cold		
489	58	Dupuytren contracture		
490	59	Epiphyseal stimulation		
491	60	Exostosis - Small bones -Excision		
492	61	Exostosis - Femur - Excision		
493	62	Exostosis - Humerus - Excision		
494	63	Exostosis - Radius - Excision		
495	64	Exostosis - Ulna - Excision		
496	65	Exostosis - Tibia- Excision		
497	66	Exostosis - Fibula - Excision		
498	67	Exostosis - Patella - Excision		
499	68	Exploration and Ulnar Repair		
500	69	External fixation - Long bone		
501	70	External fixation - Small bone		
502	71	External fixation - Pelvis		
503	72	Fasciotomy		
504	73	Fixator with joint arthrolysis		
505	74	Fracture - Acetabulum		
506	75	Fracture - Femoral neck - MUA & Internal Fixation		
507	76	Fracture - Femoral Neck open reduction & Nailing		
508	77	Fracture - Fibula Internal Fixation		

509	78	Fracture - Hip Internal Fixation		
510	79	Fracture - Humerous Internal Fixation		
511	80	Fracture - Olecranon of ulna		
512	81	Fracture - Radius Internal Fixation		
513	82	Fracture - TIBIA Internal Fixation		
514	83	Fracture - Fibula Internal Fixation		
515	84	Fracture - Ulna Internal Fixation		
516	85	Fractured Fragment Excission		
517	86	Girdle stone arthroplasty		
518	87	Harrington instrumentation		
519	88	Head radius - Excision		
520	89	High tibial osteotomy		
521	90	Hip region surgery		
522	91	Hip Spica		
523	92	Internal fixation lateral epicondyle		
524	93	Internal fixation of other small bone		
525	94	Joint reconstruction		
526	95	Laminectomy		
527	96	Leg lengthening		
528	97	Lizarov fixation		
529	98	Multiple tendon repair		
530	99	Nerve repair surgery		
531	100	Nerve transplant/release		
532	101	Neurolysis		
533	102	Open reduction internal fixation (2 small bone)		
534	103	Open reduction internal fixation (large bone)		
535	104	Open reduction of CDH		
536	105	Open reduction of small joint		
537	106	Open reduction with phemister grafting		
538	107	Osteotomy -small bone		
539	108	Osteotomy -long bone		
540	109	Patellectomy		
541	110	Pelvic fracture fixation		
542	111	Pelvic osteotomy		
543	112	Percutaneous fixation of fracture		
544	113	Prepatellar Bursa and repair of MCL of Knee		
545	114	Reconstruction of ACL/PCL		
546	115	Retrocalcaneal Bursa - Excission		
547	116	Sequestrectomy of long bones		
548	117	Shoulder jocket		
549	118	Sinus Over Sacrum Excission		
550	119	Skin grafting		
551	120	Spinal fusion		
552	121	Synovectomy		

553	122	Synovial cyst - Excision		
554	123	Tendo achyllis tenotomy		
555	124	Tendon grafting		
556	125	Tendon nerve surgery of foot		
557	126	Tendon release		
558	127	Tenolysis		
559	128	Tenotomy		
560	129	Tension band wiring patella		
561	130	Trigger thumb		
562	131	Wound Debridement		
		<b><u>PAEDIATRIC</u></b>		
563	1	Abdomino peritoneal (exomphalos)		
564	2	Anal dilatation		
565	3	Anal transposition for ectopic anus		
566	4	Chordee correction		
567	5	Closure colostomy		
568	6	Coloctomy		
569	7	Colon transplant		
570	8	Cystolithotomy		
571	9	Esophageal atresia (fistula)		
572	10	Gastrostomy		
573	11	Hernia - Diaphragmatic		
574	12	Hernia - Epigastric		
575	13	Hernia - Umbilical		
576	14	Hernia-inguinal - Bilateral		
577	15	Hernia-inguinal -Unilateral		
578	16	Mackel's diverticulectomy		
579	17	Meniscectomy		
580	18	Nephrolithotomy		
581	19	Orchidopexy - Bilateral		
582	20	Orchidopexy - Unilateral)		
583	21	Pyelolithotomy		
584	22	Pyeloplasty		
585	23	Pyloric stenosis (Ramsted OP)		
586	24	Rectal polyp		
587	25	Resection & anastomosis of intestine		
588	26	Supra pubic drainage - Open		
589	27	Torsion testis		
590	28	Tracheo esophageal fistula		
591	29	Ureterotomy		
592	30	Urethroplasty		
593	31	Vesicostomy		
		<b>ENDOCRINE</b>		

594	1	Adenoma Parathyroid - Excision		
595	2	Adrenal Gland Tumour - Excision		
596	3	Axcillary Lymphenops - Excision		
597	4	Parotid Tumour - Excision		
598	5	Post Fossa		
599	6	Sphincterotomy		
600	7	Thyroid adenoma resection enucleation		
601	8	Thyroidectomy - Hemi		
602	9	Thyroidectomy - Partial		
603	10	Thyroidectomy - Total		
604	11	Total thyroidectomy & block dissection		
605	12	Totol Thyroidectomy + Reconstruction		
606	13	Trendal Burge Ligation and Stripping		
		<b>UROLOGY</b>		
607	1	Bladder calculi-removal		
608	2	Bladder tumour (fulgration)		
609	3	Correction of extrophy of bladder		
610	4	Cystolithotomy		
611	5	Cysto gastrostomy		
612	6	Cysto jejunostomy		
613	7	Dormia extraction of calculus		
614	8	Drainage of perinepheric abscess		
615	9	Drainage of psoas abscess		
616	10	Excision of urethral carbuncle		
617	11	Exploration of epididymus (unsuccessful vasco vasectomy)		
618	12	Hydrocele - Bilateral		
619	13	Hydrocele - Unilateral		
620	14	Internal urethrotomy		
621	15	Litholapexy		
622	16	Lithotripsy		
623	17	Meatoplasty		
624	18	Meatotomy		
625	19	Neoblastoma		
626	20	Nephrectomy		
627	21	Nephrectomy (Renal tumour)		
628	22	Nephro uretrectomy		
629	23	Nephrolithotomy		
630	24	Nephropexy		
631	25	Nephrostomy		
632	26	Nephrourethrotomy		
633	27	Open resection of bladder neck		
634	28	Operation for cyst of kidney		
635	29	Operation for double ureter		

636	30	Operation for ectopic ureter		
637	31	Operation for injury of bladder		
638	32	Partial cystectomy		
639	33	Partial nephrectomy		
640	34	PCNL (Percutaneous nephro lithotomy) - Biilateral		
641	35	PCNL (Percutaneous nephro lithotomy) - Unilateral		
642	36	Post urethral valve		
643	37	Pyelolithotomy		
644	38	Pyeloplasty & similar procedures		
645	39	Radical nephrectomy		
646	40	Reduction of paraphiornsis		
647	41	Reimplanation of Urethra		
648	42	Reimplantation of Bladder		
649	43	Reimplantation of Ureter		
650	44	Repair of uretero vaginal fistula		
651	45	Repair of ureterocele - Open		
652	46	Retroperitoneal Fibrosis - Renal		
653	47	Retropubic prostatectomy		
654	48	Speno renal anastomosis		
655	49	Sticture Urethra		
656	50	Suprapubic cystostomy - Open		
657	51	Suprapubic drainage - Closed		
658	52	Torsion testis		
659	53	Trans vesical prostatectomy		
660	54	Transurethral fulguration		
661	55	TURBT (Transurethral Resection of the Bladder Tumor)		
662	56	TURP + Circumcision		
663	57	TURP + Closure of Urinary Fistula		
664	58	TURP + Cystolithopexy		
665	59	TURP + Cystolithotomy		
666	60	TURP + Cystolithotripsy		
667	61	TURP + Cystoscopic Removal of Stone		
668	62	TURP + Nephrectomy		
669	63	TURP + Orchidectomy		
670	64	TURP + Suprapubic Cystolithotomy		
671	65	TURP + TURBT		
672	66	TURP + URS		
673	67	TURP + Vesicolithotripsy		
674	68	TURP + VIU		
675	69	TURP and Cystolithotripsy		
676	70	TURP with Hydrocele		
677	71	TURP With Removal of the Verical Calculi		
678	72	TURP with Repair of Urethra		
679	73	TURP with Vesicolithotomy		

680	74	TURP (Trans-Urethral Resection of Bladder)		
681	75	TURP+Cystolithopexy		
682	76	TURP+Urethrolithotomy		
683	77	TURP+Vesicolithotripsy		
684	78	Uretero colic anastomosis		
685	79	Ureterolithotomy		
686	80	Ureteroscopic Calculi - Bilateral		
687	81	Ureteroscopic Calculi - Unilateral		
688	82	Ureteroscopic Removal of Lower Ureteric		
689	83	Ureteroscopic Removal of Ureteric Calculi		
690	84	Ureteroscopic stone Removal And DJ Stenting		
691	85	Urethral dilatation		
692	86	Urethral injury		
693	87	Urethral reconstuction		
694	88	Uretric catheterisation - Cystoscopy		
695	89	Uretrostomy (cutanie)		
696	90	URS + Stone Removal		
697	91	URS Extraction of Stone Ureter - Bilateral		
698	92	URS Extraction of Stone Ureter - Unilateral		
699	93	URS with DJ Stenting With ESWL		
700	94	URS with Endolitholopexy		
701	95	URS with Lithotripsy		
702	96	URS with Lithotripsy with DJ Stenting		
703	97	URS+Cysto+Lithotomy		
704	98	V V F Repair		
705	99	Varicocele		
706	100	Vesico uretero reflux - Bilateral		
707	101	Vesico uretero reflux - Unilateral		
708	102	Vesicolithotomy		
709	103	VIU (visual internal urethrotomy )		
710	104	VIU + Cystolithopexy		
711	105	VIU + TURP		
712	106	VIU and Meatoplasty		
713	107	VIU for Stricture Urethra		
714	108	VIU with Cystoscopy		
715	109	Y V plasty of bladder neck		
		<b>ONCOLOGY</b>		
716	1	Adenoma Excission		
717	2	Adrenalectomy - Bilateral		
718	3	Adrenalectomy - Unilateral		
719	4	Carcinoma lip - Wedge excision		
720	5	Chemotherapy - Per sitting		
721	6	Excision cartoid body tumour		
722	7	Malignant ovarian		

723	8	Operation for neoplastoma		
724	9	Partial subtotal gastrectomy ca & ulcer		
725	10	Radiotherapy - Per sitting		

**More common interventions / procedures can be added by the insurer under specific system columns.**

## **GUIDELINES FOR SMART CARD**

### **1. Introduction:**

The Ministry of Labour and Employment has launched a smart card based Health Insurance scheme, 'Rashtriya Swasthya Bima Yojana' for BPL workers in the unorganised sector. These guidelines give in brief the technical specifications of the smart card, devices & infrastructure to be used under this project. The standardisation is intended to serve as a reference, providing State Government agencies with guidance for implementing an interoperable smart card based Health Insurance programme.

It is the Ministry's mandate and intention to operate this scheme under the PPP model thus ensuring that the best of Health facilities can be provided to the BPL population of the country without causing any inconvenience to them and at a very reasonable cost for the Government. While the services are envisaged by various agencies, the ownership of the Project and thereby that of complete data – whether captured or generated as well as that of Smart Cards lies with the Government of India, Ministry of Labour and Employment.

In creating a common Health Insurance card across India, the goals of the Smart Health Insurance Card program are to:

- Allow verifiable & non-repudiable identification of the Health Insurance beneficiary at Point of transaction.
- Support multi vendor scenario for the scheme
- Allow usage of the Health Insurance Card across states and Insurance Providers
- Develop smart card interoperability across all States in India
- Establish a set of mandatory requirements with optional value-added services
- Build in the capability to add multiple applications and migrate to advanced open platform technologies.

### **2. Smart card:**

#### **2.1. Overview**

A smart card is a credit card-sized device that contains one or more integrated circuits (ICs) and also may employ one or a combination of the following machine-readable technologies in addition to the Chip - contact less radio frequency antenna, biometric information, encryption and authentication or photo identification may also be used/ added to the card depending on requirements.

The integrated circuit chip (ICC) embedded in the smart card can act as a microcontroller or computer. Data are stored in the chip's memory and can be accessed to complete various processing applications. The memory also contains the microcontroller chip operating system (COS), communications software, and can also contain encryption algorithms to make the application software and data unreadable & secure from tampering. When used in conjunction with the appropriate applications, smart cards can provide enhanced security and the ability to record, store, and update data.

## **2.2. System Components**

- a) Beneficiary enrollment
- b) Smart Cards
- c) Smart Card Devices
- d) IT Backend
- e) MIS
- f) Helpline & Call centre

## **3. Roles of State Government/ State Nodal Agency**

### **3.1. Once the tender is advertised**

3.1.1. Appoint a state nodal agency to run the entire program in the state

3.1.2. Finalise a cut off date for considering final BPL data for the issuance of RSBY cards

3.1.3. Ensure that the available data passes the verification process given at the RSBY website. In case impure data exists, start the process for purification of this data.

3.1.4. Uploads the pure data to the website in the prescribed format.

3.2. Appoint District Key Managers (DKM) for the selected districts and communicate their information as per prescribed format to the CKGA at Ministry of Labour & Employment (MOLE), Government of India.

3.3. Organise a State Workshop to facilitate understanding of the scheme by state level functionaries, and to allow interaction between the Insurance companies, Smart card service providers, hospitals, other intermediaries, etc

3.4. At the District level, select Field key officers and request for the FKO cards from CKGA

3.5. Ensure availability of Smart Card devices for Issuance of FKO Card

3.6. Ensure download of Personalisation data from FKO cards at regular intervals to use this data for reconciliation of Premium demand from Insurance company.

#### **4. Roles of Insurance Company in respect to Smart Card services.**

The insurance company would supply of smart cards in conformity to following specifications:

- Supply & operation of Beneficiary Enrollment stations at the villages as specified in this document.
- Personalisation & Issuance of Smart Cards immediately after enrollment at site.
- Dispatch of Beneficiary Details to the Backend Server after issuance of cards within two days from enrollment.
- Ensure security of data against loss as well as leakage. It is expected that daily data backup would be taken. In case of Data loss in transit, it is the Insurance Company's responsibility to ensure reissuance of cards.
- Provide training to Beneficiaries on usage & features of Smart Cards
- Provide training to Health service providers, government staff & other Non Government organizations as required on Features of the Smart Card based system & Usage of Devices
- Supply & Maintenance of Smart card Devices as per specifications given
- Organise District level workshops for Issuance of FKO cards (cards to be issued by DKMA) and training to FKOs on the enrollment application and their role..
- Provide easily understandable User Guides & Manuals in Vernacular, English & Pictorial format with simple troubleshooting tips with every smart card Device
- Set up a helpline for addressing any device or card related queries or problems faced by Beneficiaries, Hospital staff and Insurance companies
- Provide a free of cost facility for Card Balance Read & Print for the beneficiary.
- Provide a facility for Modification and Reissuance of Cards at the district level in case of
  - a. Lost or damaged card
  - b. Splitting of cards (2 cards for the family)
  - c. Death of a family member

Note: Detailed plan for Maintenance of devices and Helpline should be submitted along with other tender documents.

#### **5. Process**

##### **5.1. Pre Enrollment requirements**

- 5.1.1. Insurance company shall download the certified BPL data from the RSBY website.
- 5.1.2. The Insurance company should make the complete data for the District available at the District server. The URN number as per specifications should be generated at this point to ensure uniqueness.
- 5.1.3. Enrollment kits should be configured with data for the relevant villages/ area as per the roster along with the master data required.
- 5.1.4. The designated FKO for every team shall be informed of the schedule to ensure presence at time of enrollment

- 5.1.5. Every FKO should be provided with a village wise hard copy of the BPL list from the list downloaded by the Insurance company. The verification of beneficiaries is to be carried out against this list.
- 5.1.6. Smart card service provider shall ensure availability of sufficient Enrollment stations and personnel to man them as per the defined roster.
- 5.1.7. The enrollment stations should be equipped with devices as per specifications below. The stations should also be equipped with the application as per enrollment & personalisation specifications laid down by MoLE.
- 5.1.8. Smart card service provider shall together with the Insurance Company provide a roster for enrollment camps at the defined locations, to the Nodal agency.

## **5.2. Beneficiary Enrollment**

- 5.2.1. The Personalisation application should work only in presence of Field Key Officer card of the Government official.
- 5.2.2. The Insurance Company & Nodal agency shall carry out a campaign for spreading awareness about the enrollment activity in the defined locations to ensure availability of maximum number of beneficiaries.
- 5.2.3. Simultaneously, the BPL list should be posted prominently in the village. At the camp, based on the details (Name, Village), the record would be pulled out from the database after verification of the person by FKO.
- 5.2.4. Age & gender of the head of the family would be checked and modified if required
- 5.2.5. Photograph of the Head of the family and the complete family is taken and two fingerprints of each of the family members to be enrolled are captured.

## **5.3. Personalisation & Issuance of Smart cards**

- 5.3.1 Based on the data received & collected, Card would be personalized, keys inserted and Card printed physically on site after completion of Beneficiary enrollment.
- 5.3.2 Once data has been captured, the government officer would need to confirm printing by placing registered fingerprint on the scanner. Card Personalisation can be done only after fingerprint verification of FKO.
- 5.3.3 The card would be handed over to the beneficiary by the Insurance Representative along with a booklet providing
  - key features of the scheme
  - helpline numbers
  - process for reissuance of cards
  - cost in case of reissuance of card
  - details of Network Health service providers within the district & outside the service area
  - all other details required for smooth usage of card
- 5.3.4 At the end of each day or completion of Enrollment & Personalisation at a single location, whichever is earlier, the data so collected and generated would

be transmitted to the central server. This data must reach the server within the time span defined. Data on the enrollment machine would be purged only after successful import message is received from the server.

#### **5.4. Supply and maintenance of Smart Card Devices**

- 5.4.1 The Devices for Read & Update of Smart cards at the hospitals and district kiosk (as per specifications provided) would be procured and installed by the Insurance company who would also be responsible for the maintenance of these devices. However, the payment for the devices at the hospitals would be made by hospitals who would be the owners of the devices.
- 5.4.2 Before such installation, the Insurance Company would arrange for the training on usage & troubleshooting of these devices.
- 5.4.3 The Hospitals would also be equipped with the certified RSBY Transaction application, procured by the Insurance company. The Insurance company should confirm that
  - 5.4.3.1 The RSBY transaction application is as per specifications released by MOLE and certified by the competent authority as defined by MOLE.
- 5.4.4 The Insurance Company shall arrange to ensure a service network in the designated areas such that the uptime agreed upon for the devices is maintained and the dispersal of Health insurance to beneficiaries is not jeopardized due to non-functioning of devices.
- 5.4.5 The Insurance Company shall also arrange to set up a help line/ call centre to address the queries/ problems/ requests of users of the devices.

#### **5.5. Re-issuance of Lost Card**

- 5.5.1 In case a Card is reported as lost through any of the channels prescribed by the smart Card vendor/ Insurance Company, it should be marked as Hot Listed in the backend (Local and Central Server). The details (URD) of all Hot Listed cards must be transmitted to the connecting Devices at the next communication.
- 5.5.2 The devices should not accept any Hot Listed cards and a Warning message flashed in case such a card comes in for transacting.
- 5.5.3 The beneficiary will go to the District kiosk for Reissuance of Card.
- 5.5.4 The existing data including Text details, images & transaction details shall be pulled up from the server. Based on these details a fresh card will be immediately issued to the Beneficiary family.
- 5.5.5 The cost of the Smart card would be paid by the beneficiary at the kiosk, as prescribed by the nodal agency in the contract.

#### **5.6. Card Splitting**

In case the Beneficiary wishes to split the insurance amount available between two cards to help avail the facilities at two diverse locations

- 5.6.1 The beneficiary will go to the District kiosk for splitting of Card. The existing data including Text details, images & transaction details shall be pulled up from the server.
- 5.6.2 The fingerprints of the head of the family shall be verified against those available in card.
- 5.6.3 The splitting ratio should be confirmed from the beneficiary.
- 5.6.4 The cost of the additional Smart card would be paid by the beneficiary at the kiosk, as prescribed by Nodal Agency at the time of contract.
- 5.6.5 Based on these details a fresh card will be immediately issued to the Beneficiary family and the existing card modified. Both cards would have details of all family members.
- 5.6.6 Fresh and modified data shall be uploaded to the Central Server as well.

### **5.7. Card Modification**

- 5.7.1 Card modification can only be done at the District kiosk of the same District where the original card was issued.
- 5.7.2 In case a split card was issued in the interim, both the cards would be required at time of modification.
- 5.7.3 Card modification during the year can only happen under the following circumstances
  - 5.7.3.1 Only the head of the family was present at the time of enrollment and other family members need to be enrolled to the card
  - 5.7.3.2 In case of death of any person enrolled on the card, another family member from the same BPL list is to be added to the card.
- 5.7.4 It is to be ensured that only members listed on the original BPL list provided by the State are enrolled on the card. As in the case of enrollment, no modifications except to age and gender may be done.
- 5.7.5 A new photograph of the family shall be taken
- 5.7.6 Fingerprint of additional members shall be captured.
- 5.7.7 Data of family members updated on chip of card
- 5.7.8 The existing details shall be modified in the database (Local and Central Server) and the Chip of the card.

### **5.8. Key Management system (KMS)**

The Smart Card system shall function under a central Key Management System (KMS) to be implemented by Ministry of Labor, for the data and card security. The KMS shall provide the following security features:

- To prevent generation & issuance of fake Health Cards, by providing mechanisms to verify authentic cards.
- To protect on-card data against illegal tampering.

- To enable performance of post issuance card transactions at various locations by authorized agencies only.

## 6. Enrollment station

The enrollment stations due to the nature of work involved need to be mobile and work under rural & rugged terrain. This should be of prime consideration while selecting the hardware matching the specifications given below.

Insurance company should ensure compatibility of smart cards and hardware devices with application

- Computer with Power backup for at least 8 hours
- Optical Biometric Scanner for Fingerprint capture
- VGA Camera for Photograph capture
- 2 PCSC compliant Smart Card readers
- Smart Card Printer
- Data Backup facility
- Licensed system Software
- Certified Enrollment & Personalisation Software as per specifications provided by MoLE

### 6.1. Minimum Specifications for hardware

#### 6.1.1. Computer

- Capable of supporting all devices as mentioned above
- Loaded with certified software as per specifications provided by the Ministry of Labour, Government of India.

#### 6.1.2. Biometric Scanner

- 5v DC 500mA (Supplied via USB port)
- Operating temperature range: 0c to 40c
- Operating humidity range: 10% to 80%
- Compliance: FCC Home or Office Use, CE and C-Tick
- 500 dpi optical fingerprint scanner (22 x 24mm)
- USB 1.1 Interface
- Drivers for the device should be available on Windows or Linux platform
- High quality computer based fingerprint capture (enrolment)
- Preferably have a proven capability to capture good quality fingerprints in the Indian Rural environment
- Capable of converting Fingerprint image to RBI approved ISO 19794 template.

#### 6.1.3. Camera

- Sensor: High quality VGA

- Still Image Capture: up to 1.3 megapixels (software enhanced). Native resolution is 640 x 480
- Automatic adjustment for low light conditions

#### 6.1.4. Smart Card Reader

- PCSC and ISO 7816 compliant
- Read and write all microprocessor cards with T=0 and T=1 protocols
- USB 2.0 full speed interface to PC with simple command structure

#### 6.1.5. Smart card printer

- Supports Colour dye sublimation and monochrome thermal transfer
- Edge to edge printing standard
- Integrated ribbon saver for monochrome printing
- Prints at least 150 cards/ hour in full colour and upto 1000 cards an hour in monochrome
- Minimum Printing resolution of 300 dpi
- Compatible with Windows / linux
- Automatic or manual feeder for Card Loading
- Compatible to Microprocessor chip personalisation

## 7. Smart Cards

### 7.1 Specifications for Smart Cards

Card Operating System shall comply to SCOSTA standards ver. 1.2b with latest addendum and errata.(refer web site <http://scosta.gov.in>) Health service providers The Smart Cards to be used must have the valid SCOSTA Compliance Certificate from National Informatics Center, New Delhi (refer <http://scosta.gov.in>). Exact Smart card specifications are listed as below.

#### 7.1.1. SCOSTA Card

- Microprocessor based Integrated Circuit(s) card with Contacts, with minimum 32 Kbytes available EEPROM for application data.
- Compliant with **ISO/IEC 7816-1,2,3**
- Compliant to **SCOSTA 1.2b Dt. 15 March 2002** with latest addendum and errata
- Supply Voltage 3V nominal.
- Communication Protocol T=0 or T=1.
- Data Retention minimum 10 years.
- Write cycles minimum 100,000 numbers.
- Operating Temperature Range -25 to +55 Degree Celsius.
- Plastic Construction PVC or Composite with ABS with PVC overlay.
- Surface – Glossy.

### 7.1.2. Card layout

Card layout would be as prescribed by MOLE.

### 7.2. Cardholder authentication

- The cardholder would be authenticated based on their finger impression at the time of verification at the various centres where the card would be accepted.
- The authentication is 1:1 i.e. the fingerprint captured live of the member is compared with the one stored in the smart card.

### 7.3. Generation of Unique Relationship Number:

A 17 digit Unique Relation Number (URN) would be issued to all customers across India. The following parameters would be considered for generating the unique RN

1-5	- Serial no.
6-7	- Year of birth
8	- Gender
9-10	- State
11-16	- Location (Village code/ Municipality Code)
17	- Check Digit

The guidelines with regard to generation of URN number as well as those relating to Card Mapping / Application, Application & Data Management and Key Management which are required for interoperability of cards PAN India will be issued separately.

## 8. Standalone Smart Card Device (Non-PC based)

These devices are standalone devices capable of reading & updating Smart cards based on the programmed business logic and verifying Live Fingerprints against those stored on a smart card. These devices do not require a computer for transacting.

The device would be loaded with certified software as per specifications provided by the Ministry of Labour, Government of India.

The main features of these devices are:

- Reading and updating Microprocessor Smart Cards as specified for RSBY
- Fingerprint verification as per specifications
- They should be programmable with inbuilt security features to secure against tampering.
- Memory for Data storage

- Capable of printing receipts without any external interface
- Capable of data transfer to Personal computers/server or over phone line/ GPRS/ CDMA/ Broadband/ LAN
- Rechargeable Batteries for portable devices and main power source for desktop device

### 8.1. Specifications

- A minimum internal memory of 4 Mb
- At least 1 Full size smart card reader
- At least 1 SAM slot
- Back-lit graphic display
- Numeric Keypad with at least Function keys for Accept, Clear, Cancel and Navigation keys.
- Inbuilt Printer
- Optical biometric Verification capability. Verification time less than 10 secs, Allowing 1:1 verification in the biometric module.
- Optional buzzer
- Rechargeable Batteries with fully charged standby time of at least 200 hrs, (for portable devices), possible to make 100- 150 transactions
- Ports required: 1 RS232, Telephone, Optional USB port, SIM Slot if GPRS enabled
- Inbuilt Modem

## 9. PC based Smart Card Device

In cases where Computers are available at the health Service providers, additional devices would be attached to the existing PC. The computer would be loaded with the centrally prepared software for transactions and data transmission. The devices required for the system would be

### 9.1. Optical Biometric Scanner for Fingerprint verification

- Thin optical sensor
- 500 dpi @ 8bit per pixel
- Active area: 13mm x 20mm
- Interface: USB 1.1 and 2.0
- Operating temperature: -10°C to +50°C
- 1:1 verification
- Verification time < 0.8s
- Identification time < 1s
- Tunable false acceptance rate

### 9.2. Smart Card readers

2 Smart card readers would be required for each device, One each for Service Provider and Beneficiary card. In case of split card, a 3<sup>rd</sup> smart card reader should be used to ensure simultaneous updation of primary and add-on card.

- PCSC and ISO 7816 compliant
- Read and write all microprocessor cards with T=0 and T=1 protocols
- USB 2.0 full speed interface to PC with simple command structure

### 9.3. Receipt Printer

## **10. Software for Issuing Smart Cards and usage of Smart Card Service:**

The following software are envisaged for use in the RSBY system

- 10.1. District server application
  - 10.1.1.1. For generation of URN
  - 10.1.1.2. Configuration of Enrollment stations
  - 10.1.1.3. Collation of Transaction data and transmission to State nodal agency as well as other Insurance companies
- 10.2. Beneficiary enrollment
- 10.3. Card Personalisation & Issuance
- 10.4. Post Issuance modifications to card
- 10.5. Transaction system

It is the Insurance company's responsibility to ensure in-time availability of these softwares. All these softwares must conform to the specifications laid down by MoLE. Any modifications to the software for ease of use by the Insurance company can be made only after confirmation from MOLE. All software would have to be certified by competent authority as defined by MOLE.

\* \* \*

**FINANCIAL BID**

**(KINDLY NOTE THAT ANNEXURE-19 SHOULD BE ATTACHED TO SECTION B – FINANCIAL PROPOSAL ONLY)**

**NAME OF INSURER: .....**

Premium quote for a sum insured of Rs. 30,000 per family on floater basis as per scheme:

<b>S.NO.</b>	<b>PREMIUM PER FAMILY WITHOUT S.T.</b>	<b>PREMIUM PER FAMILY WITH S.T.</b>
1	Rs.	Rs.

**Note: No other document or attachment/additional information shall be permissible along with Annexure-20. Any deviation will attract disqualification.**

**Signature**