

TENDER DOCUMENT

Implementation of “Rashtriya Swasthya Bima Yojana” in Assam

**Government of Assam
Department of Health & Family Welfare**

Issued / Released on : 15-09-2011

**GOVERNMENT OF ASSAM
DEPARTMENT OF HEALTH & FAMILY WELFARE**

TENDER NOTICE

RASHTRIYA SWASTHYA BIMA YOJANA

(A scheme to provide health insurance coverage to unorganized sector workers belonging to BPL families and other non-BPL beneficiaries)

Competitive Quotations are invited from **Insurance Companies** (Licensed and Registered with IRDA) or agencies (enabled by Central legislation to undertake Insurance related activities) dealing with Health Insurance for implementation of Rashtriya Swasthya Bima Yojana for BPL and other identified families in **23 Districts of Assam**. The tender document for this may be downloaded from the website **www.nrhmassam.in**. The Tender document can also be obtained in person from **16th September 2011** on any working day **between 10.00 A.M to 4.00 P.M.**

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

The Technical bids will be evaluated by the Technical Bid Evaluation Committee duly constituted by the Government of Assam. Financial bids of only the technically acceptable offers shall be opened before the successful bidders by the State Government for awarding of the contract. Following schedule will be observed in this regard.

- | | |
|---|-------------------------------|
| 1. Last date for availability of bid documents: | 12-10-2011 (up to 1700 hrs) |
| 2. Last date for submission of the completed bid documents: | 13-10-2011 (up to 12.00 noon) |

The completed Bid documents should be submitted by 12.00 noon of 13th of October 2011, at the following address:-

***Ms M. Medhi
Executive Director, NRHM, & SNO RSBY
O/O Mission Director, NRHM, Assam
16 Janapath, Opp. Kendriya Vidlaya
Phone: 0361-2363061/62
Fax: 0361-02363058
Email: nrhm.ed@gmail.com***

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

TENDER DOCUMENT
GOVERNMENT OF ASSAM
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 public owned health infrastructure leaves a lot to be desired. Large numbers of people, especially those below poverty line, borrow money or sell 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 already launched this scheme in the 5 districts, viz., **Kamrup, Lakhimpur, Jorhat, Dibrugarh and Kokrajhar**. Now, the State Government has decided to launch this scheme in the following districts, namely, **Barpeta, Bongaigaon, Cachar, Darang, Dhemaji, Dhubri, Goalpara, Golaghat, Hailakandi, K-Anglong, Karimganj, Morigaon, N.C.Hills, Nagaon, Nalbari, Sibsagar, Sonitpur, Tinsukia** of Assam as recommended by the Government of India and renew the scheme in **Kamrup, Lakhimpur, Jorhat, Dibrugarh and Kokrajhar**

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 and other non-BPL identified families under the scheme.

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

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PART I – INFORMATION TO THE BIDDER ABOUT 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 and other beneficiaries (if applicable) 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 23 districts of **Assam**. According to a recent enumeration, there are **42,69,633 lakh** (approx) BPL families in **23** districts of the State. District wise profile of the BPL families is given below:

Sl. No.	District	BPL Family (as per census)	No of Block	No of GP	No of CHCs	No of PHCs	No of Dist Hosp	No of Private Hospitals
1	Lakhimpur	136452		81	5	30	1	
2	Kokrajhar	149591			4	47	1	
3	Kamrup	266179		160	12	98	1	
4	Dibrugarh	171070		93	5	32	0	
5	Jorhat	158063		110	3	43	0	
6	Dhubri	296953		168	6	45	1	
7	Darrang	238110		76	4	32	1	
8	Bongaigaon	153370		65	2	30	1	
9	Dhemaji	93432		65	3	24	1	
10	Karimganj	162296		96	1	24	1	
11	Goalpara	137983		81	2	43	1	
12	Nalbari	197389		65	7	48	1	
13	Nagaon	378778		239	11	61	1	
14	Morigaon	139026		85	2	32	1	
15	N.C. Hills	24731			2	10	1	
16	Hailakandi	90961		62	2	13	1	
17	Karbi-Anglong	103918			5	47	1	
18	Sonitpur	278424		158	3	58	1	
19	Tinsukia	179136		86	5	24	1	
20	Barpeta	271254		129	7	51	1	
21	Cachar	262494		163	1	33	1	
22	Sivasagar	227606		118	2	46	1	
23	Golaghat	152417		102	4	43	1	
Total		4269633		2202	98	914	21	

However figures may vary in field, as the BPL Census is of 2002

The scheme is further intended to benefit Below Poverty Line (BPL) population in 23 districts of the State. In each of these Districts it is required to be renewed for existing smart card holders and issue of new smart cards to the left out BPL families.

NOTE: In addition to the BPL Families, Central/ State Government may add other categories of Beneficiaries to the scheme in a way that all the provisions of RSBY applicable to the BPL families are also applicable to the added categories.

4. Unit of Enrolment:

The unit of enrolment for this scheme is family. Coverage under the scheme would be provided for BPL families and other non-BPL beneficiaries (if applicable) 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 members who are listed as part of the family in the BPL data base and database of other beneficiaries (if applicable). Head of the household will need to identify three members (In cases where spouse is not on the BPL or other non-BPL beneficiaries (if applicable) list, four members can be identified) who will be enrolled in the scheme. If the spouse is part of the BPL and other non-BPL identified beneficiary family list then it would be mandatory to enroll the spouse. Issue of smart card would be the proof of the eligibility of BPL and other identified households for the purpose of the scheme.

5. Benefits:

5.1. The Benefits within this scheme, to be provided on a cashless basis to the Beneficiaries up to the limit of their annual coverage, package charges on specific procedures and subject to other terms and conditions outlined herein, are the following:

- a) The scheme shall provide coverage for meeting expenses of hospitalization for medical and/or surgical procedures **including maternity benefit**, to the enrolled BPL families and other non-BPL beneficiaries (if applicable) up to Rs.30,000 per family per year subject to limits, in any of the network hospitals. The benefit to the 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 are to be covered from day one, subject to the exclusions given in **Annexure 8**.
- c) Coverage of health services related to surgical nature shall also be provided on a day care basis.

The Insurance Company shall provide coverage for the following day care treatments/ procedures:

- 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) Gastrointestinal Surgeries
 - 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 (Rs. 100 per hospitalisation) subject to an annual ceiling of Rs. 1000 shall be a part of the package. This will be provided by the hospital to the beneficiary at the time of discharge.
- e)** Pre and post hospitalization **costs** 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)** Maternity and Newborn Child Coverage will be covered as per details provided below:
1. This means treatment taken in hospital/nursing home arising from childbirth including normal delivery / caesarean section and/ or miscarriage or abortion induced by accident or other medical emergency subject to exclusions given in **Annexure 8**.
 2. Newborn child shall be automatically covered from birth upto the expiry of the policy for all the expenses incurred in taking treatment at the hospital as in-patient. This benefit shall be a part of basic sum insured and new born will be considered as a part of insured family member till the expiry of the policy subject to

exclusions given in **Annexure 8**.

3. Above shall be covered from day one of the inception of the scheme and normal hospitalisation period *for both mother and child* should not be less than 48 hours *post delivery*.
4. The maximum benefit allowable under this clause will be upto Rs. 4.500/- subject to limits under table of benefits including transportation charge of Rs. 100/- per hospitalization. This benefit shall be a part of basic sum insured. State Government can revise these rates based on the costs structure in their State, however, the ratio of cost of caesarean and normal deliveries will be as prescribed in Annexure 6.

Note:

- i. For the ongoing policy period until its renewal, new born will be provided all benefits under RSBY and will NOT be counted as a separate member even if five members of the family are already enrolled.
- ii. Verification for the new born can be done by any of the existing family members who are getting the RSBY benefits.

g) Domiciliary treatment: Not required.

5.2. The charges for medical/ surgical procedures/ interventions under the Benefit package will be no more than the package charge agreed by the Parties, for that particular year. The same can be amended by mutual consent for the next year. Provided that the Beneficiary has sufficient insurance cover remaining at the time of seeking treatment, such listed services will not be subject to pre-authorization by the Insurer. The list of common procedures and package charges is set out in **Annexure – 6** to this tender, and will also be incorporated as an integral part of service agreements between the Insurer and its empanelled providers. [States and Insurer to review **Annexure – 6** to check on suitability of list and package charges by procedure].

5.3. Procedures which are not on the list set out in Annexure – 6 to this tender would still be included as Benefits under this scheme, but will be subject to a pre-authorization procedure, as per Clause – 14(2). As part of their regular review process within the Coordination Committee, the Parties shall review information on common unlisted procedures and seek to introduce them into the listed package with appropriate package charge.

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 may be agreed between the State Government/Nodal Agency and Insurers.

7. Empanelment of Hospitals:

The Insurer shall ensure that the BPL and other **non-BPL** beneficiaries (wherever applicable) under the scheme are provided with the option of choosing from a list of empanelled Providers for the purposes of seeking treatment.

However those hospitals having adequate facilities and offering the services as stipulated in the guidelines will be empanelled after being inspected by qualified technical team of the Insurance Company or their representatives and approved by the State Government/ nodal Agency The criteria for empanelment of hospital are provided as follows:

a. Criteria for Empanelment of Public Providers

- i)** All Government hospitals (including Community Health Centers) and ESI hospitals can be empanelled provided they possess the following minimum facilities
 - a.** Telephone/Fax,
 - b.** Internet/ Any other connectivity to the Insurance Company Server
 - c.** A Personal Computer, 2 smart card readers and a fingerprint verification machine or a standalone machine with minimum configuration specified as per **Annexure 16**
 - d.** and
 - e.** The facility should have an operational pharmacy and diagnostic test services, or should be able to link with the same in close vicinity so as to provide 'cash less' service to the patient.

b. Criteria for Empanelment of Private Providers

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

- i)** At least 10 inpatient beds. The requirement of minimum number of beds can be reduced by the State Government/ Nodal Agency based on available infrastructure in rural areas.
- ii)** Fully equipped and engaged in providing Medical and/ or Surgical facilities. The facility should have an operational pharmacy and diagnostic test services, or should be able to link with the same in close vicinity so as to provide 'cash less' service to the patient.
- iii)** Those facilities undertaking surgical operations should have a fully

equipped Operating Theatre of their own.

- iv)** Fully qualified doctors and nursing staff under its employment round the clock.
- v)** 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.
- vi)** Registration with Income Tax Department.
- vii)** Telephone/Fax, Internet/ Any other connectivity to the Insurance Company Server. Each hospital/health service provider shall possess a Personal Computer, 2 smart card readers and a fingerprint verification machine or a standalone machine with minimum configuration specified as per **Annexure 16**.

c. Package Rates – Both Public and Private empanelled hospitals should agree to the cost of packages for each identified medical/ surgical intervention/ procedures as approved under the scheme. These package rates will include:

- I. Bed charges (General Ward),
- II. Nursing and Boarding charges,
- III. Surgeons, Anesthetists, Medical Practitioner, Consultants fees etc,
- IV. Anesthesia, Blood, Oxygen, O.T. Charges, Cost of Surgical Appliances etc,
- V. Medicines and Drugs,
- VI. Cost of Prosthetic Devices, implants,
- VII. X-Ray and other Diagnostic Tests etc,
- VIII. Food to patient
- IX. Expenses incurred for consultation, 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
- X. Transportation Charge of Rs. 100/- is payable to the beneficiary at the time of discharge

Therefore, 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. The Package rate also covers Rs. 100 which shall be paid to the beneficiary at the time of discharge.

d. Additional Benefits to be Provided by Health Care Providers

In addition to the benefits mentioned above, both Public and Private Providers should be in a position to provide following additional benefits to the BPL and other non-BPL identified (if applicable) beneficiaries related to identified systems:

- i. Free OPD consultation.
- ii. Fixed discounts on diagnostic tests and medical treatment required for beneficiaries even when hospitalization is not required.
- iii. The Provider shall display clearly their status of being an empanelled provider of Rashtriya Swasthya Bima Yojana in the prescribed format at their main gate and reception/admission desks along with the display and other materials supplied by the Insurer for the ease of beneficiaries, Government and Insurer.
- iv. The Provider agrees to provide a help desk for providing the necessary assistance to the RSBY beneficiary
- v. Get at least two persons in the hospital trained in different aspects of RSBY and related hardware and software.
- vi.

e. Process for Empanelment of Hospitals:

The Insurance Company shall make sure that adequate number of both public and private providers shall be empanelled in a district. They shall also make efforts that the empanelled providers are spread to different blocks of the district.

A District workshop for the health care providers (both public and private) shall be organized separately by the insurance company in each district to educate providers about the scheme before the commencement of the enrolment process in the district.

f. Assistance from the State Government for Empanelment:

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

- a. To give all necessary support for organizing sensitization programmes for the CHCs and Government Hospitals.
- b. Provide necessary support to the insurer in organizing separate district workshop for the health care providers in the district.
- c. To extend necessary support in providing space and other support for locating RSBY Help Desks at CHCs/other Government Hospitals.

g. Agreement with Network Hospital:

The Insurer will be responsible for carrying out an empanelment process of health Providers to provide the agreed Benefits under the scheme. This shall require service agreements between the Insurer and empanelled Providers, or networks thereof, to provide Benefits under RSBY. A provision will be made in the Agreement of non-compliance/default clause while signing the same. Such matter shall be looked into by the State Government/Nodal Agency. Both public and private providers will be eligible to be empanelled based on basic quality criteria as given in section 8 (a & b). Additional

criteria may be decided jointly by State Government/ Nodal Agency and the Insurance Company. However, Insurance Company will make efforts to make sure that a large number of public health care providers are empanelled. The providers will be paid as per the pre-defined package rates. These package rates will be same for both public and private providers.

h. Draft Template for Agreement between Insurer and Hospital has been provided in **Annexure 10**. In case of any modification, the insurer will need to take prior approval from the State Nodal Agency.

i. Delisting of Hospitals:

Network Hospital would be de-listed from the RSBY network if, it is found that guidelines of the Scheme are not followed by them and services offered are not satisfactory as per laid down standards.

j. List of Empanelled Health Facilities to be Submitted at the time of Signing of Contract:

At the time of signing of the contract with the State Government, the Insurer should provide list of empanelled health providers with the following details:

a. A list of empanelled health facilities, within the State which have agreed to be a part of RSBY network, in the format given in **Annexure 9**. For the hospitals which will be empanelled after signing of the contract, the Insurer will need to submit this information related to empanelment at periodic intervals of 1 month, 3 months and 6 months of agreement to the State Government/ Nodal Agency.

8. Services Beyond Service Area:

8.1 The Insurer undertakes that it will, within one month of signature of agreement with State Government, empanel health Providers beyond the territory of the districts covered by this tender for the purposes of providing benefits under RSBY to Beneficiaries covered by this tender. Such providers shall be subject to the same empanelment process and eligibility criteria as provided within the territory of aforementioned districts, as outlined in Section 8 of this tender. If the hospitals in the neighboring districts are already empanelled under RSBY, then insurer shall provide a list of those hospitals to the State Government/ Nodal Agency.

8.2 To ensure true portability of smart card so that the beneficiary can get the treatment anywhere across India in a RSBY empanelled hospital, the Insurer shall enter into arrangement with other Insurance companies for allowing sharing of network hospitals, transfer of claim & transaction data arising in areas beyond the service area. To ensure this, the insurer shall sign an agreement with other Insurers so that

beneficiaries can get seamless access of health care services across India.

9. Payment of Premium:

State Government/ Nodal Agency will, on behalf of the BPL and other non-BPL (if applicable) beneficiaries, make the payment of the premium to the Insurance Company **based on the enrolment of the BPL and other non-BPL beneficiaries (if applicable) and delivery of smart cards to them.** The Central Government, on receipt of this information, and enrolment data from the State Government/ Nodal Agency in the prescribed format, shall release its share of premium.

10. Payment of Premium and Registration Fee:

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

- a) **First installment** of premium of Rs.30 shall be paid by the beneficiary, at the time of enrollment and delivery of smart card or at the time of renewal as the case may be, as registration fee to the Insurance Company.
- b) **Second installment** shall be paid by the State Nodal Agency to the insurance company within 15 working days of the receipt of the necessary documents, in the prescribed format, from the Insurance Company. The installment will be in the nature of 25% of (X-60)-30. (X being the premium amount per family).
- c) **Third installment** shall be paid by the State Nodal Agency on the receipt of the share of the Central Government as per the following formula:

75% of (X-60)+60
(Subject to a maximum of Rs. 565/- + Rs. 60/-)

This amount shall be paid within 45 working days of receipt of necessary documents from the insurance company as mentioned above.

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

Note:

1. It will be the responsibility of the State Government to ensure that the premium to the Insurance Company is paid according to the schedule mentioned above to ensure adherence to compliance of 64 VB of the Insurance Act 1938.
2. Premium payment to the Insurance Company will be based on

Reconciliation of invoice raised by Insurer and enrolment data downloaded from Field Key Officers' Card (FKOs) at district level server.

11. Period of Insurance:

11.1. The period of Insurance Contract shall be for three years from the effective date, subject to renewal on yearly basis, based on parameters fixed by the State Government/ Nodal Agency for renewal.

11.2. However, 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. In the districts where scheme is starting for the first time, a BPL family or other non-BPL identified beneficiaries (if applicable) who is issued smart card will be able to avail facilities from the [Date of Start of the Policy]. All cards issued in the district shall have the same Policy beginning and end date as the 1st card.

b. For such districts where the scheme is to be renewed, the policy will start immediately on completion of the previous policy period. All cards issued/ renewed in the district shall have the same Policy beginning and end date. It is to be noted that the Insurance Company will have to commence work in a manner so as to ensure that the beneficiaries get smart cards renewed/ issued before the end of the earlier policy. State Government/ Nodal Agency will have to provide validated BPL and other non-BPL beneficiaries (if applicable) data well in time to the Insurer so that they can complete the task within the given time. However, if for some reason the renewal/issue of cards cannot commence or be completed within the desired timeframe, the insurance will commence from the first of the following month in which the first set of cards are issued/renewed. The insurance period will also be adjusted accordingly

11.3. The commencement and policy period may be determined for each District separately depending upon the start of the issue of smart cards in that particular District.

11.4. **In the districts where the scheme is starting for the first time,** the Scheme shall commence operation from the 1st of the succeeding month in which the smart card is issued. Thus, for example, if the initial smart cards are issued anytime during the month of **October** in a particular district the scheme will commence from **1st of November**. The scheme will last for one year till **31st October** next year. This would be the terminal date of the scheme in that particular district. However, in the same example, if the card is issued in the month of November, December and January then the insurance will

immediately start from the next day itself for the beneficiaries and policy will be over on 31st October next year. Thus, all cards issued in the district in November will also have the Policy start date as 1st of November (even if issued subsequent to the date) and terminal date as **31st October** the following year. The date of commencement of insurance for the cards issued during the intervening period will be as follows:

In case of New Enrolment			
	Smart card issued During	Commencement of Insurance	Policy End Date
1.	October, 2010	November 2010	31 st October 2011
2.	November, 2010	November 2010	31 st October 2011
3.	December 2010	December 2010	31 st October 2011
4.	January 2011	January 2011	31 st October 2011

11.5. **In the Districts of where the scheme is being renewed and cards are being renewed/ issued**, the policy will start from first of the next month in which the earlier policy will expire. All the smart cards in these districts need to be renewed/ issued by the date by which the earlier policy is getting expired in a district. For example, if earlier policy is getting expired on 31st December 2010 then the renewed/ new policy will start from 1st January 2011. Therefore, in this case Smart card distribution will start on 1st September 2010 and shall finish by 31st December 2010. The date of commencement of insurance for the cards renewed/issued in these renewal districts will be as follows:

In case of Renewal			
	Smart card renewed/ issued During	Commencement of Insurance	Policy End Date
1.	September, 2010	1 st January, 2011	31 st December, 2011
2.	October, 2010	1 st January 2011	31 st December, 2011
3.	November, 2010	1 st January 2011	31 st December, 2011
4.	December, 2010	1 st January 2011	31 st December, 2011

11.6. The insurance company will have only Four Months to complete the enrolment process in both new and renewal districts. For the new set of districts full premium for all the four months will be given to the insurer.

The salient points regarding commencement & end of the policy are

- 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 1st card in a district
- Minimum 9 months of service needs to be provided to a family in case

of new districts, hence enrollments in a district shall cease 4 months from beginning of card issuance.

- Full 12 months of service needs to be provided to a family in case of renewal districts.

Note: For the enrollment purpose the month in which first set of cards is issued would be treated as full month irrespective of the date on which cards are issued

12. Enrolment Procedure:

The enrolment of the beneficiaries will be undertaken by the Insurance Company selected by the State Government/ Nodal Agency and approved by the Central Government. The Insurer shall enroll the BPL beneficiaries and other non-BPL beneficiaries (if applicable) based on the validated data downloaded from the RSBY website and issue Smart card as per RSBY Guidelines.

Further, the enrolment process shall continue as per schedule agreed by the State Government/ Nodal Agency. Insurer in consultation with the State Government/ Nodal Agency shall chalk out the enrolment/ renewal 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/ renewal shall be as under:

- (a) The Insurer will download the BPL data and other non-BPL beneficiaries data (if applicable) for the selected districts from the RSBY website.
- (b) The Insurer will arrange for 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 certified by the MoLE..
- (c) If the smart card is lost/ damaged within the policy period then beneficiary can get a new card issued at District Kiosk by paying a pre-defined fee.
- (d) An enrollment schedule shall be worked out by the Insurer, in consultation with the State Government/ Nodal Agency, for each village in the project districts.
- (e) It will be responsibility of State Government / Nodal Agency to ensure availability of sufficient number of Field level Government officers who will be called Field Key Officers (FKO) to accompany the enrollment teams as per agreed schedule for verification of BPL families and other non-BPL beneficiaries (if applicable) at the time of enrolment.
- (f) Advance publicity of the visit for the enrollment of beneficiaries shall be done by the Insurer in consultation with the State Government/

Nodal Agency in respective villages.

- (g) List of BPL Beneficiaries and other non-BPL beneficiaries (if applicable) should be posted prominently in the village by the Insurer.
- (h) Insurer will place a banner in the local language at the enrolment station providing information about the enrolment and details of the scheme etc.
- (i) The enrolment team shall visit each enrolment station on the pre-scheduled dates for enrolment/ renewal and/ or issuance of smart card.
- (j) At the time of enrolment/ renewal, the government official (FKO) shall identify the head of the family in the presence of the insurance representative and authenticate them through his/ her own smart card and fingerprint.
- (k) The enrolment team shall handover the activated smart card to the beneficiary at the time of enrolment itself. At the time of handing over the smart card, the INSURER shall collect the registration fee of Rs.30/- from the beneficiary. This amount shall constitute the first installment of the premium and will be adjusted against the second installment of the premium to be paid to the INSURER by the Nodal Agency.
- (l) The Insurer's representative shall also provide a pamphlet along with Smart Card to the beneficiary indicating at least the following:
 - i. List of the empanelled network hospitals alongwith address and contact details
 - ii. Location and address of district kiosk and its functions
 - iii. The availability of benefits
 - iv. The names and details of the key contact person/ persons in the district
 - v. Toll-free number of call centre.
 - vi. Process of taking the benefits under RSBY
 - vii. Start and end date of the insurance policy
- (m) To prevent damage to the smart card, a plastic jacket should be provided to keep the smart card.
- (n) The beneficiary shall also be informed about the date on which the card will become operational (month) and the date on which the policy will ends.
- (o) The beneficiaries shall be entitled for cashless treatment in designated hospitals on presentation of the Smart Card after the start of the policy period.

13. 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 is collectively referred to as the **“Cashless Access Service.”**

Each hospital/ health service provider shall possess a machine which can read the smart card to ascertain the balance available from the insurance amount. 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. The hospital, at the time of discharge, shall debit the amount indicated in the package list. The machines and the equipment to be installed in the hospitals for usage of smart card shall conform to the guidelines issued by the Central Government. The software to be used thereon shall be the one approved by the Central Government.

1. Cashless Access in case package is fixed

Once the identity of the beneficiary and/ or his/her 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/ her 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.
- e) All the payment shall be made electronically within seven days of the receipt of electronic claim documents.

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

Once the identity of the beneficiary and/ or his/her 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 for the delay 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) The Insurer needs to file a report to nodal agency explaining reasons for denial of every such claim.
- h) Denial of authorization (DAL)/guarantee of payment is by no means denial of treatment by the health facility. The health care provider shall deal with such case as per their normal rules and regulations.
- i) 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.
- j) 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.
- k) 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.

- l) 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.
- m) 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.

Note: In the cases where the beneficiary is admitted in a hospital during the current policy period but is discharged after the end of the policy period, the claim has to be paid by the insurance company which is operating during the period in which beneficiary was admitted.

14. Repudiation of claim:

In case of any claim is found untenable, the insurer shall communicate reasons in writing to the Designated Authority of the State/ Nodal Agency, Health provider for this purpose with a copy to the beneficiary. Such claims shall be reviewed by the Central/State/ District Committee on monthly /quarterly basis.

15. Delivery of Services by Intermediaries:

The Insurer may 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 tender. The role of intermediaries will not only be to help in mobilizing people for enrolment but they will also provide IEC and BCC activities for service delivery. The Insurer will compensate such intermediaries for their services at an appropriate rate.

The role of intermediaries would include among others the following:

- a) Undertaking on a rolling basis campaigns in villages to increase awareness of the RSBY scheme and its key features.
- b) Mobilizing BPL and other non-BPL (if applicable) households in participating districts for enrolment in the scheme and facilitating their enrolment and subsequent re-enrolment as the case may be.
- c) In collaboration with government officials, ensuring that lists of participating households are publicly available and displayed.

- d) Providing guidance to the beneficiary households wishing to avail of Benefits covered under the scheme and facilitating their access to such services as needed.
- e) Providing publicity in their catchment areas on basic performance indicators of the scheme.
- f) Providing assistance for the grievance redressal mechanism developed by the insurance company.
- g) Providing any other service as may be mutually agreed between the insurer and the intermediary agency.

16. Project Office and District Office:

Insurer shall establish a separate Project Office at convenient place for coordination with the State Government / Nodal agency at the State Capital on a regular basis.

Insurer will have appropriate people in their own / TPA, State and District offices to perform following functions:

- a) To operate a 24 hour **call center** with toll free help line in local language and English for purposes of handling queries related to benefits and operations of the scheme, including information on Providers and on individual account balances.
- b) **Managing District Kiosk** for post issuance modifications to smart card as explained in **Annexure 16**.
- c) **Management Information System** functions, which includes collecting, collating and reporting data, on a real-time basis.
- d) **Generating reports**, in predefined format, at periodic intervals, as decided between Insurer, MoLE and State Government/ Nodal Agency.
- e) **Pre-Authorisation function** for the interventions which are not included in the package rates.
- f) **Paperless Claims settlement** for the hospitals with electronic clearing facility.
- g) **Publicity** for the scheme so that all the relevant information related to RSBY reaches beneficiaries, hospitals etc.
- h) **Dispute Resolution functions** as explained below in the tender.
- i) **Hospital Empanelment** of both public and private providers based on empanelment criteria. Along with criteria mentioned in this tender, separate criteria may jointly be developed by State Government/ Nodal Agency and the Insurance Company.
- j) **Feedback functions** which include designing feedback formats, collecting data based on those formats, analyzing feedback data and

suggest appropriate actions.

- k) Coordinate with district level Offices in each selected district.
- l) Coordinate with State Nodal Agency and State Government.

The Insurer shall set-up a district office in each of the project districts of the State. The district office will coordinate activities at the district level. The district offices in the selected districts will perform the above functions at the district level.

17. Management Information Systems (MIS) Service

The Insurer shall provide Management information system reports whereby information regarding enrolment, health-service usage patterns, claims data, customer grievances and such other information regarding the delivery of Benefits as required by the Government. The reports will be submitted by the Insurer to the Government on a regular basis as agreed between the Parties in the prescribed format.

The Insurer shall provide facility of the **District Kiosk**. District Kiosk will have a data management desk for post issuance modifications to the smart cards as described in **Annexure -16**. The role and function of the district kiosk has been provided in Annexure – 17.

All data generated under the scheme shall be the property of the Government.

18. 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-18 is collectively referred to as the “Call Centre Service”.

A. 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) Maintaining the data of receiving the calls and response on the system.
- l) Any related service to the Government/Nodal Agency.

B. Language

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

C. Toll Free Number

The Insurer will operate a state toll free number with a facility of a minimum of 5 lines and provision for answering the queries in local language. 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.

D. 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. Insurer may provide the details of the call center service with the technical proposal.

19. Procurement, Installation and Maintenance of Smart Card related Hardware and Software in selected Public Hospitals:

It will be the responsibility of the Insurer to Procure and Install Smart card related devices in the selected public hospitals of the State. The cost of procurement installation and maintenance of these devices will also be the responsibility of the Insurance Company.

The details about the hardware and software which need to be installed at the empanelled Hospitals of the State have been provided in **Annexure 13.**

The list of Public hospitals where these need to be installed have been

provided in **Annexure 14**.

The Cost of Procurement, Installation and Maintenance of these devices in the hospitals mentioned in Annexure 14 will be the responsibility of the Insurance Company.

The Ownership of these devices will be of the State Government.

20. Dispute Resolution and Grievance Redressal:

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

a. Dispute between Beneficiary and Health Care Provider

The parties shall refer such dispute to the redressal committee constituted at the District level under the chairmanship of concerned District magistrate and authorized representative of the insurance company as members. This committee will settle the dispute.

If either of the parties is not satisfied with the decision, they can go to the State level committee which will be Chaired by the Principal Secretary, Department of _____ with representative of the Insurance Company and representative of the State Nodal Agency as members.

b. Dispute between Health Care Provider and the Insurance Company

The parties shall refer such dispute to the redressal committee constituted at the District level under the chairmanship of concerned District magistrate, authorized representative of the insurance company and a representative of the health care providers as members. This committee will settle the dispute.

If either of the parties is not satisfied with the decision, they can go to the State level committee which will be chaired by the Principal Secretary, Department of _____ with representative of the Insurance Company, representative of the health care providers and representative of the State Nodal Agency as members.

Note: If State redressal committee is unable to resolve the dispute, mentioned in 20a and 20b, within 60 calendar days of it being referred to them, then it will be settled as per procedure given in para 20c below.

c. Dispute between Insurance Company and the State Government

A dispute between the State Government / Nodal Agency and Insurance Company shall be referred to the respective Chairmen/CEO's/CMD's of the Insurer for resolution.

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

21. Penalty Clause and Termination:

21.1. Failure to abide with the terms will attract penalty related but not limited to the following:

- Failure in following the guidelines specified in **Annexure 16**.
- Claim Servicing
- Grievance Redressal

21.2. In case of termination of the contract following process will be followed:

- i) The Insurer will pay back to the Nodal Agency within one week the unutilized amount of premium after settlement plus service tax
- ii) In addition to above, the Insurer will pay the total package amount for all the cases for which amount has already been blocked.

22. 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.

23. IEC and BCC interventions:

Insurance Company in consultation with State Nodal Agency will prepare and implement a communication strategy for launching/ implementing the RSBY. The objective of these interventions will be to inform the beneficiaries regarding enrolment and benefits of the scheme.

Insurer need to share a draft IEC and BCC plan with the Nodal Agency

within 15 days of signing of the contract. The cost of IEC and BCC activities will be borne by the Insurer.

24. Capacity Building interventions:

The Insurance Company shall design training/ workshop / orientation programme for Health Care Providers, Members of the Hospital Management Societies, District Programme Managers, Doctors, GP members, Intermediary, Field Agents etc. and implement the same with support of Nodal Agency/ other agencies. The training packages shall be jointly developed by the Nodal Agency and the Insurance Company.

Insurer need to share a draft Capacity Building plan with the Nodal Agency within 15 days of signing of the contract. The cost of these Capacity Building interventions will be borne by the Insurer.

25. Medical Audit:

The Insurance Company shall also carry out regular inspection of hospitals, periodic medical audits, attend to complaints from beneficiaries, hospitals etc and also to ensure proper care and counseling for the patient at network hospital by coordinating with hospital authorities.

26. Commitments of State Government:

26.1 Government of [State]/ Nodal Agency commits to provide the following for successful implementation of the scheme:

- i. Prepare BPL data and other non-BPL beneficiaries database in the specified format and send to Government of India for internal consistency checking so that it can be uploaded on the website for the insurer to download.
- ii. District Key Managers (DKM) as mentioned in Annexure 16 shall be in place at the time of signing of the agreement with the Insurer.
- iii. Providing DKMA Server at District Headquarter within 7 days of signing of the agreement with the Insurer.
- iv. Field Key Officers (FKOs) as mentioned in Annexure 16 shall be identified at the time of signing of the agreement with the Insurer.
- v. Providing assistance to the insurer through district administration in the preparation of villagewise enrolment schedule.
- vi. Providing assistance to the insurer in empanelment of the public and private providers
- vii. Providing premium payment to the Insurer as per clause 11.
- viii. Conduct third party evaluation schemes at periodic intervals.

27. Service Arrangements by the Insurance Company

In case the Insurance Company plans to outsource some of the functions necessary for the implementation of the scheme it needs to give an undertaking that it will outsource only to such agencies which fulfill the qualifying criteria as prescribed herein. The qualifying criteria for the TPAs have been given in **Annexure 10** and the qualifying criteria for the Smart Card agencies have been given in **Annexure 11**.

28. Commitments of Insurance Company:

28.1 Among other things insurer shall provide following which are necessary for successful implementation of the scheme:

- i. Having agreement with other insurance companies regarding usability of the same Smart card across India at any of the networked hospital. This will ensure that beneficiary can use his/ her smart card across India.
- ii. Sending data related to enrollment, hospitalization and other aspects of the scheme to the Central and State Government as may be decided later.
- iii. Collecting beneficiary feedbacks and sharing those with State Government/ Nodal Agency.
- iv. In the districts where scheme is being renewed for the second year or subsequent years thereafter, it will be the responsibility of the Insurance Company, selected for the second year or subsequent years as the case may be, to ensure that the hospitals already empanelled under the scheme do not have to undertake any expenditure for the transaction software. The concerned insurance company will also ensure that the hardware installed already in the hospitals are compatible with the new/ modified transaction software, if any.
- v. The details of the hardware already installed have been given in Annexure 13. However, it will be the responsibility of the incoming insurer to ascertain the details about the existing hardware and software and undertake necessary modifications (if necessary) at their (insurer's) own cost.

29. Insurer Undertaking With Respect To Provision Of Services

29.1 The Insurer further undertakes that it has entered into or will enter into service agreements within:

- a. A period of 14 days from signature of the Agreement with State Government, to the following:

- i. With a TPA/ smart card provider, for the purposes of fulfilling their obligations under Clause – 12 of this document.
 - b. A period of 21 days from the signature of the Agreement with State Government with the following:
 - i. Intermediary organization(s) which would perform the functions outlined in Clause – 15 of this document. Detailed Guidelines regarding outsourcing the activities to the intermediary organizations will be provided by the State Government/ State Nodal Agency to the successful bidder.
 - ii. Health Care Providers, for empanelment based on the approved package rates of surgical and medical procedures, as per the terms and conditions outlined in this tender.
 - iii. Such other parties as the Insurer deems necessary to ensure effective outreach and delivery of health insurance under RSBY in consultation with the State Nodal Agency.
- 29.2 The Insurer will set up fully operational and staffed district kiosk and district server within 15 days of signing the agreement with the State Government/ Nodal Agency.
- 29.3 The insurer will necessarily need to complete the following activities before the start of the enrollment in the district:
 - a. Empanelment of adequate no. of hospitals in each district
 - b. Setting of operational District Kiosk and Server
 - c. Setting up of toll free helpline
- 29.4 The Insurer will be responsible for ensuring that the functions and standards outlined in the tender are met, whether direct implementation rests with the Insurer or one or more of its partners under service agreements as per Clause – 28.1. It shall be the responsibility of the Insurer to ensure that any service agreements with the organizations outlined in Clause – 28.1 above provide for appropriate recourse and remedies for the Insurer in the case of non- or partial performance by such other organizations.
- 29.5 **Business Continuity Plan:** As the technology and the related aspects of Smart Cards and biometric is being put to test for the first time in the country at this scale by all stakeholders, unforeseen technology and delivery issues in its implementation may interrupt the services. It is hereby agreed that , having implemented the system , if there is an issue causing interruption in its continuous implementation, thereby causing interruption in continuous servicing, the insurers shall be required to make to ensure full service to the beneficiaries in the meantime ensuring to bring the services back to the online platform. The Insurer shall use processes defined in Business continuity plan of Government of India for RSBY for this purpose. In

such a scenario, the insurance company shall be responsible for furnishing all data/ information required by MoLE and State Government/ Nodal Agency in the prescribed format.

29.6

30. Claim Management

30.1. Right of Appeal and reopening of claims

The Provider shall have a right of appeal to approach the Insurer if the Provider feels that the claim is payable. If provider is not agreed with the Insurers' decision in this regard, can appeal to the Government and government decision will be final and binding on the Insurer and the Provider. This right of appeal will be mentioned by the Insurer in every repudiation advice. The Insurer and/or Government can re-open the claim if proper and relevant documents as required by the Insurer are submitted.

30.2. Payment of Claims and Claim Turn around Time

The Insurer will settle all eligible claims and pay the sum to the Provider within seven working days of receipt of the electronic claim bills, except as otherwise agreed between the Insurer and the Provider. The provider needs to submit complete claim papers every quarter to the insurance company, if required for audit purposes. This will not have any bearing on the claim settlement to the provider.

31. Criteria For Evaluating Bids / Proposals:

The Technical Proposals will be evaluated by the State Government / Nodal Agency. Once the technical bids have been evaluated, the successful bidders only 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.

32. 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.

33. Period of Contract:

The period of Insurance Contract will be for three years from the effective date, subject to renewal on yearly basis, based on parameters fixed by the State Government / Nodal Agency for renewal.

34. 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 or email or through State Government website to all prospective bidders who have acquired the Bidding documents and amendments will be binding on them.
- c) In order to afford prospective bidders reasonable time to take the amendment into account in preparing their bids, the 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.

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

State Government/ State 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. State Government/ State 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.

36. 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.

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

37. 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.

38. 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.

39. 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 envelops should be put in a **large 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

envelops

- 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 15**)

40. Deadline for Submission Bids / Proposals:

Complete bid documents should be received at the address mentioned below not later than **12.00 hours on 13th day, October 2011.** Bids documents received later than the prescribed date and time will not be considered for evaluation

**O/O Mission Director, NRHM, Assam
16 Janapath, Opp. Kendriya Vidlaya
Phone: 0361-2363061/62
Fax: 0361-02363058
Email: nrhm.ed@gmail.com**

PART II – 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 bid / proposal document should include the following:

SECTION A – TECHNICAL PROPOSAL

A. QUALIFYING CRITERIA:

- i)** Insurance company should be registered with IRDA or enabled by a Central legislation to undertake insurance related activities. The Insurer should attach a copy of the license as a proof of its registration.
(Annexure-1)

- ii)** The Insurer has to provide an undertaking, as per format given in **Annexure 3**, expressing their explicit agreement to adhere with the details of the scheme as mentioned in the Part I of the tender document.
(Annexure-2)

- iii)** The Insurer has to provide an undertaking that it will only engage agencies, like the TPA and Smart Card Service Providers, fulfilling the necessary criteria . The details of these agencies shall be provided at the time of signing the MoU with the State Government.
(Annexure-3)

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

B. Others:

I. Previous Experience with RSBY:

If the insurer has any previous experience with running RSBY in any State(s) they should provide details of that in the prescribed format as given in Annexure **4** of the bid document.

In the same annexure the Insurer should also provide a brief write-up of their experience with RSBY. The write-up should cover at least the following aspects of RSBY:

- Coordination with the State Government

- Enrolment of Beneficiary
- Empanelment of Health Care Providers
- Service Delivery to the beneficiary
- Settlement of claims
- Experience with TPA/ Smart card vendor

(Annexure-4)

II. List of Additional Packages for common medical and surgical interventions/ procedures:

Provisional list of packages with rates is attached in Annexure-6 of the bid document. The package rates for these have been fixed by the State Government /Nodal Agency. Insurer may provide list of additional packages for medical and surgical interventions/ procedures with package rates as **Annexure 5** of the bid document.

(Annexure-5)

III. Other Information:

Annexure -7)

IV. Additional benefits:

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

(Annexure – 18)

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

SECTION B – FINANCIAL PROPOSAL

(KINDLY NOTE THAT ANNEXURE-15 SHOULD BE ATTACHED TO SECTION B – FINANCIAL PROPOSAL ONLY)

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

Annexure 15

NAME OF INSURER:

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

Premium for the New Districts

S.NO.	PREMIUM PER FAMILY WITHOUT S.T.	PREMIUM PER FAMILY WITH S.T.
1	Rs.	Rs.

Note:

1. There should be SINGLE premium quote for all the NEW project districts mentioned in the bid document
2. No other document or attachment shall be permissible along with Annexure-15. Any deviation will attract disqualification.

Premium for the Districts for Renewal

S.NO.	PREMIUM PER FAMILY WITHOUT S.T.	PREMIUM PER FAMILY WITH S.T.
1	Rs.	Rs.

Note:

1. There should be SINGLE premium quote for all the RENEWAL project districts mentioned in the bid document
2. No other document or attachment shall be permissible along with Annexure-15. Any deviation will attract disqualification.

SECTION C – SUMMARY OF PROPOSALS

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

SECTION A – DETAILS OF TECHNICAL PROPOSAL:

Name of the Insurance Company: _____

	Section of Technical Bid	Details by Insurer
A	Qualifying criteria:	
I	IRDA license	Annexure -1
II	Undertaking for adherence to the tender	Annexure-2 (as per format attached)
III	Undertaking to engage only qualified agencies for Service level agreements	Annexure-3 (as per format attached)
B	Others	
I	Previous Experience with RSBY	Annexure-4 (as per format attached)
III	List of Additional common medical and surgical interventions/ procedures alongwith Package Rates	Annexure -5
IV	Other Information	Annexure-7
V	Additional Benefits	Annexure-18

SECTION B – DETAILS OF TECHNICAL PROPOSAL:

	Section of Financial Bid	Details by Insurer
	Financial Proposal	Annexure-15

NOTE:

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

SECTION D –DECLARATION BY THE BIDDER

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

SIGNATURE

Name

Designation

Date:

SECTION E – TEMPLATE FOR ANNEXURE

Annexure - 2

Experience of the Bidder **SIGNATURE**

UNDERTAKING BY THE BIDDER FOR OUTSOURCING SERVICES

I, _____ Designated as _____
at _____ of _____ Insurance Company hereby declare that I have read
the tender document of RSBY and have agreed to explicitly adhere to the criteria provided in selecting agencies to
whom part of the work will be outsourced.

DATE:

SIGNATURE:

UNDERTAKING BY THE BIDDER

I, _____ Designated as _____
at _____ of _____ Insurance Company hereby declare that I have read
the tender document of RSBY and have agreed to explicitly adhere with the details of the scheme exactly as mentioned
in the tender document.

DATE

SIGNATURE:

Details of Previous Experience with RSBY

Name of the State where Providing Insurance for RSBY	Name of the districts	Date of Financial Bid Opening	Date of Signing of Contract with State Govt.	BPL Families in the district	Date of Start of Enrolment	Families covered under RSBY till in the district	TPAs involved (Yes/ No). If yes name of the TPA	Name of the Smart Card Agency involved	Claim Ratio
1.	I								
	II								
	III								
	IV								
	V								
2.	I								
	II								
	III								
	IV								
	V								
3.	I								
	II								
	III								
	IV								
	V								

A Brief Write-up about the Experience of Working in RSBY should also be given here.

Annexure 5

Format for Providing Additional Packages

Serial No.	Category	LOS	Final Rate
			

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>(i). NON SURGICAL(Medical) TREATMENT IN GENERAL WARD</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, food to patient and any complication while in hospital, making the transaction truly cashless to the patient.</p>	<p>Maximum upto Rs.____ per day</p>
<p>(ii) IF ADMITTED IN ICU:</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>(iii) SURGICAL PROCEDURES IN GENERAL WARD (NOT SPECIFIED IN PACKAGE IV):</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, food to patient 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>(iv) SURGICAL PROCEDURES IN GENERAL WARD (SPECIFIED IN PACKAGE IV):</p> <p>This includes bed charges (General ward), Nursing and boarding charges, Surgeons, Anesthetists, Medical Practitioner, Consultants fees etc, Anesthesia, Blood, Oxygen, O.T. Charges, Cost of Surgical Appliances etc, Medicines and Drugs, Cost of Prosthetic Devices, implants, X-Ray and Diagnostic Tests etc, 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, food to patient and any complication while in hospital, making the transaction truly cashless to the patient.</p>	Refer IV below.
<p>(V) Maternity benefit Package:</p> <p>These package will include Bed charges (General Ward), Nursing and Boarding charges, Surgeons, Anesthetists, Medical Practitioner and Consultants fees, Anesthesia, Blood, Oxygen, O.T. Charges and Cost of Surgical Appliances etc, Medicines and Drugs, X-Ray and Diagnostic Tests etc, 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</p>	<p>Normal Delivery Rs. 2500/-</p> <p>Caesarian Section / Complicated Rs.4500/-</p>

test and medicine up to 5 days of the discharge from the hospital for the same ailment / surgery and transport expenses and food to patient 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.

Serial No.	Code No.	ICD 10 Code	RSBY Category	RSBY LOS	Final Rate Proposed
	1	DENTAL			
1	FP00100001	K05	Fistulectomy	1	10,000
2	FP00100002	S02	Fixation of fracture of jaw	2	10,000
3	FP00100003	K10	Sequestrectomy	1	10,000
4	FP00100004	D16	Tumour excision	2	7,500
	2	EAR			
5	FP00200001	H74	Aural polypectomy	1	10,000
6	FP00200002	H81	Decompression sac	2	13,500
7	FP00200003	H80	Fenestration	2	7,000
8	FP00200004	H81	Labyrinthectomy	2	10,500
9	FP00200005	H 65	Mastoidectomy	2	6,000
10	FP00200006	H70	Mastoidectomy cortical module radical	3	10,500
11	FP00200007	H 65	Mastoidectomy With Myringoplasty	2	9,000
12	FP00200008	H 65	Mastoidectomy with tympanoplasty	2	9,000
13	FP00200009	H72	Myringoplasty	2	6,000
14	FP00200010	H72	Myringoplasty with Ossiculoplasty	2	9,000
15	FP00200011	H72	Myringotomy - Bilateral	2	4,500
16	FP00200012	H72	Myringotomy - Unilateral	2	2,500
17	FP00200013	H72	Myringotomy with Grommet - One ear	2	5,000
18	FP00200014	H72	Myringotomy with Grommet - Both ear	2	6,500
19	FP00200015	H74	Ossiculoplasty	2	7,500
20	FP00200016	C44	Partial amputation - Pinna	1	2,500
21	FP00200017	Q17	Preauricular sinus	2	6,000
22	FP00200018	H80	Stapedectomy	2	8,125
23	FP00200019	H72	Tympanoplasty	5	7,000
24	FP00200020	J30	Vidian neurectomy - Micro	3	7,000
	3	NOSE			
25	FP00300001	R04	Ant. Ethmoidal artery ligation	3	12,000
26	FP00300002	J32	Antrostomy – Bilateral	3	6,000
27	FP00300003	J32	Antrostomy – Unilateral	3	4,000
28	FP00300004	J32	Caldwell - luc – Bilateral	2	7,500
29	FP00300005	J32	Caldwell - luc- Unilateral	2	4,500
30	FP00300006	C30	Cryosurgery	2	7,000
31	FP00300007	J00	Rhinorrhoea - Repair	1	5,000
32	FP00300008	H04	Dacryocystorhinostomy (DCR)	1	9,000
33	FP00300009	J32	Septoplasty + FESS	2	5,500

34	FP00300010	J32	Ethmoidectomy - External	2	9,000
	FP00300011		Fracture reduction nose with septal correction	1	6,500
35		S02			
36	FP00300012	S02	Fracture - setting maxilla	2	8,500
37	FP00300013	S02	Fracture - setting nasal bone	1	4,000
38	FP00300014	J01	Functional Endoscopic Sinus (FESS)	1	9,000
39	FP00300015	J01	Intra Nasal Ethmoidectomy	2	12,250
40	FP00300016	D14	Rhinotomy - Lateral	2	10,625
41	FP00300017	J33	Nasal polypectomy - Bilateral	1	7,500
42	FP00300018	J33	Nasal polypectomy - Unilateral	1	5,250
43	FP00300019	J34	Turbinectomy Partial - Bilateral	3	7,000
44	FP00300020	J34	Turbinectomy Partial - Unilateral	3	4,500
45	FP00300021	C31	Radical fronto ethmo sphenodectomy	5	15,000
46	FP00300022	J34	Rhinoplasty	3	12,000
47	FP00300023	J34	Septoplasty	2	5,500
48	FP00300024	J33	Sinus Antroscopy	1	4,500
49	FP00300025	J34	Submucos resection	1	5,000
50	FP00300026	J01	Trans Antral Ethmoidectomy	2	10,500
51	FP00300027	J31	Youngs operation	2	5,500
	4	THROAT			
52	FP00400001	J35	Adeno Tonsillectomy	1	6,000
53	FP00400002	J35	Adenoidectomy	1	4,000
54	FP00400003	C32	Arytenoidectomy	2	15,000
55	FP00400004	Q30	Choanal atresia	2	10,000
56	FP00400005	J03	Tonsillectomy + Myrinogotomy	3	10,000
57	FP00400006	Q38	Pharyngeal diverticulum's - Excision	2	12,000
58	FP00400007	C32	Laryngectomy	2	15,750
59	FP00400008	C41	Maxilla - Excision	2	10,000
60	FP00400009	K03	Oro Antral fistula	2	10,000
61	FP00400010	J39	Parapharyngeal - Exploration	2	10,000
62	FP00400011	J39	Parapharyngeal Abscess - Drainage	2	15,000
63	FP00400012	D10	Parapharyngeal -Tumour excision	3	26,250
64	FP00400013	Q38	Pharyngoplasty	2	12,000
65	FP00400014	Q38	Release of Tongue tie	1	3,000
66	FP00400015	J39	Retro pharyngeal abscess - Drainage	D	4,000
67	FP00400016	D11	Styloidectomy - Both side	3	10,000
68	FP00400017	D11	Styloidectomy - One side	3	8,000
69	FP00400018	J03	Tonsillectomy + Styloidectomy	2	12,500
70	FP00400019	Q89	Thyroglossal Cyst - Excision	2	10,000
71	FP00400020	Q89	Thyroglossal Fistula - Excision	3	10,000
72	FP00400021	J03	Tonsillectomy - Bilateral	1	7,000
73	FP00400022	J03	Tonsillectomy - Unilateral	1	5,500
74	FP00400023	C07	Total Parotidectomy	2	15,000
75	FP00400024	C05	Uvulopharyngo Plasty	2	12,500
	5	GENERAL SURGERY			
76	FP00500001	C20	Abdomino Perineal Resection	3	17,500
77	FP00500002	M70	Adventitious Burse - Excision	3	8,750

78	FP00500003	C20	Anterior Resection for CA	5	10,000
79	FP00500004	K35	Appendicectomy	2	6,000
80	FP00500005	K35	Appendicular Abscess - Drainage	2	7,000
81	FP00500006	D18	Arteriovenous (AV) Malformation of Soft Tissue Tumour - Excision	3	17,000
82	FP00500007		Axillary Lymphnode - Excision	1	3,125
83	FP00500008	M71	Bakers Cyst - Excision	3	5,000
84	FP00500009	D36	Bilateral Inguinal block dissection	3	13,000
85	FP00500010	K25	Bleeding Ulcer - Gastrectomy & vagotomy	5	17,000
86	FP00500011	K25	Bleeding Ulcer - Partial gastrectomy	5	15,000
87	FP00500012	C77	Block dissection Cervical Nodes	3	15,750
88	FP00500013	Q18	Branchial Fistula	3	13,000
89	FP00500014	C50	Breast - Excision	3	12,250
90	FP00500015	D25	Breast Lump - Left - Excision	2	5,000
91	FP00500016	D25	Breast Lump - Right - Excision	2	5,000
92	FP00500017	D25	Breast Mass - Excision	2	6,250
93	FP00500018	J98	Bronchial Cyst	3	5,000
94	FP00500019	M06	Bursa - Excision	3	7,000
95	FP00500020		Bypass - Inoprablaca of Pancreas	5	13,000
96	FP00500021	K56	Caecopexy	3	13,000
97	FP00500022	L02	Carbuncle back	1	3,500
98	FP00500023	B44	Cavernostomy	5	13,000
99	FP00500024	C96	Cervial Lymphnodes - Excision	2	2,500
100	FP00500025	K83	Cholecystostomy	5	10,000
101	FP00500026	K80	Cholecystectomy & exploration	3	13,250
102	FP00500027	C67	Colocystoplasty	5	15,000
103	FP00500028	K57	Colostomy	5	12,500
104	FP00500029	C14	Commando Operation	5	15,000
105	FP00500030	L84	Corn - Large - Excision	D	500
106	FP00500031	N49	Cyst over Scrotum - Excision	1	4,000
107	FP00500032	Q61	Cystic Mass - Excision	1	2,000
108	FP00500033	L72	Dermoid Cyst - Large - Excision	D	2,500
109	FP00500034	L72	Dermoid Cyst - Small - Excision	D	1,500
110	FP00500035	K86	Distal Pancrcatectomy with Pancreatico Jejunostomy	7	17,000
111	FP00500036	K57	Diverticulectomy	3	15,000
112	FP00500037	N47	Dorsal Slit and Reduction of Paraphimosis	D	1,500
113	FP00500038	K61	Drainage of Ischio Rectal Abscess	1	4,000
114	FP00500039		Drainage of large Abscess	D	2,000
115	FP00500040	K92	Drainage of Peripherally Gastric Abscess	3	8,000
116	FP00500041	L02	Drainage of Psoas Abscess	2	3,750
117	FP00500042	K92	Drainage of Subdiaphragmatic Abscess	3	8,000
118	FP00500043	I31	Drainage Pericardial Effusion	7	11,000
119	FP00500044	K57	Duodenal Diverticulum	5	15,000
120	FP00500045	K31	Duodenal Jejunostomy	5	15,000
121	FP00500046	D13	Duodenectomy	7	20,000
122	FP00500047		Dupcrytren's (duputryen's contracture ?)	7	13,000

123	FP00500048	Q43	Duplication of Intestine	8	17,000
124	FP00500049	N43	Hydrocelectomy + Orchidectomy	2	7,000
125	FP00500050	N45	Epididectomy	3	8,000
126	FP00500051	N45	Epididymal Swelling -Excision	2	5,500
127	FP00500052	N50	Epidymal Cyst	D	3,000
128	FP00500053	N50	Evacuation of Scrotal Hematoma	2	5,000
129	FP00500054	D13	Excision Benign Tumor -Small intestine	5	15,000
130	FP00500055	A15	Excision Bronchial Sinus	D	8,000
131	FP00500056	K75	Excision of liver Abscess	3	13,000
132	FP00500057	N43	Excision Filarial Scrotum	3	8,750
133	FP00500058	N61	Excision Mammary Fistula	2	5,500
134	FP00500059	Q43	Excision Meckel's Diverticulum	3	15,000
135	FP00500060	L05	Excision Pilonidal Sinus	2	8,250
136	FP00500061	K31	Excision Small Intestinal Fistulla	5	12,000
137	FP00500062	K11	Excision Submandibular Gland	5	10,000
138	FP00500063	C01	Excision of Large Growth from Tongue	3	5,000
139	FP00500064	C01	Excision of Small Growth from Tongue	D	1,500
140	FP00500065	L02	Excision of Swelling in Right Cervial Region	1	4,000
141	FP00500066	L02	Excision of Large Swelling in Hand	D	2,500
142	FP00500067	L02	Excision of Small Swelling in Hand	D	1,500
143	FP00500068	D33	Excision of Neurofibroma	3	7,000
144	FP00500069	L05	Excision of Siniuds and Curetage	2	7,000
145	FP00500070	G51	Facial Decompression Fibro Lipoma of Right Sided Spermatic with Lord Excision	5	15,000
146	FP00500071			1	2,500
147	FP00500072	D24	Fibroadenoma - Bilateral	2	6,250
148	FP00500073	D24	Fibrodenoma - Unilateral	2	7,000
149	FP00500074		Fibroma - Excision	2	7,000
150	FP00500075	K60	Fissurectomy	2	7,000
151	FP00500076	I84	Fissurectomy and Haemorrhoidectomy Fissurectomy with Eversion of Sac - Bilateral	2	11,250
152	FP00500077	K60		2	8,750
153	FP00500078	K60	Fissurectomy with Sphincterotomy	2	9,000
154	FP00500079	K60	Fistula Repair	2	5,000
155	FP00500080	K60	Fistulectomy	2	7,500
156	FP00500081		Foreign Body Removal in Deep Region	2	5,000
157	FP00500082		Fulguration	2	5,000
158	FP00500083	K21	Fundoplication	3	15,750
159	FP00500084	K25	G J Vagotomy	5	15,000
160	FP00500085	K25	Vagotomy	3	12,000
161	FP00500086	M67	Ganglion - large - Excision	1	3,000
162	FP00500087	M67	Ganglion (Dorsum of Both Wrist) - Excision	1	4,000
163	FP00500088	M67	Ganglion - Small - Excision	D	1,000
164	FP00500089	K28	Gastro jejunal ulcer	5	10,000
165	FP00500090	K63	Gastro jejuno Colic Fistula	5	12,500
166	FP00500091	C17	Gastrojejunosotomy	5	15,000
167	FP00500092	K25	Gastrotomy	7	15,000

168	FP00500093		Graham's Operation	5	12,500
169	FP00500094	A58	Granuloma - Excision	1	4,000
170	FP00500095		Growth - Excision	D	1,800
171	FP00500096	D18	Haemangioma - Excision	3	7,000
172	FP00500097	D13	Haemorrhage of Small Intestine	3	15,000
173	FP00500098	C01	Hemi Glossectomy	3	10,000
174	FP00500099	D16	Hemi Mandibulectomy	3	15,000
175	FP00500100	C18	Hemicolectomy	5	16,000
176	FP00500101	J38	Hemithyroplasty	3	12,000
177	FP00500102	C34	Hepatic Resection (lobectomy)	7	15,000
178	FP00500103	K43	Hernia - Epigastric	3	10,000
179	FP00500104	K43	Hernia - Incisional	3	12,250
180	FP00500105	K40	Hernia - Repair & release of obstruction	3	10,000
181	FP00500106	K42	Hernia - Umbilical	3	8,450
182	FP00500107	K43	Hernia - Ventral - Lipectomy/Incisional	3	10,500
183	FP00500108	K41	Hernia - Femoral	3	7,000
184	FP00500109	K40	Hernioplasty	3	7,000
185	FP00500110		Herniorraphy and Hydrocelectomy Sac Excision	3	10,500
186	FP00500111	K44	Hernia - Hiatus	3	12,250
187	FP00500112	B67	Hydatid Cyst of Liver	3	10,000
188	FP00500113		Nodular Cyst	D	3,000
189	FP00500114	N43	Hydrocelectomy - Excision	2	4,000
190	FP00500115		Hydrocelectomy+Hernioplasty - Excision	3	7,000
191	FP00500116	N43	Hydrocele - Excision - Unilateral	2	3,750
192	FP00500117	N43	Hydrocele - Excision - Bilateral	2	5,000
193	FP00500118	C18	Ilieo Sigmoidostomy	5	13,000
194	FP00500119	M20	Infected Bunion Foot - Excision	1	4,000
195	FP00500120		Inguinal Node (bulk dissection) axial	2	10,000
196	FP00500121	K57	Intestinal perforation	6	9,000
197	FP00500122	K56	Intestinal Obstruction	6	9,000
198	FP00500123	K56	Intussusception	7	12,500
199	FP00500124	C16	Jejunostomy	6	10,000
200	FP00500125	K56	Closure of Perforation	5	9,000
201	FP00500126	C67	Cysto Reductive Surgery	3	7,000
202	FP00500127	K63	Gastric Perforation	6	12,500
203	FP00500128	K56	Intestinal Perforation (Resection Anastomosis)	5	11,250
204	FP00500129	K35	Appendicular Perforation	5	10,500
205	FP00500130		Burst Abdomen Obstruction	7	11,000
206	FP00500131	K56	Closure of Hollow Viscus Perforation	5	13,500
207	FP00500132		Laryngectomy & Pharyngeal Diverticulum (Throat)	3	10,000
208	FP00500133	Q42	Anorectoplasty	2	14,000
209	FP00500134	C32	Laryngectomy with Block Dissection (Throat)	3	12,000
210	FP00500135	C32	Laryngo Fissure (Throat)	3	12,500
211	FP00500136	C13	Laryngopharyngectomy (Throat)	3	12,000

212	FP00500137	K51	Ileostomy		7	17,500
213	FP00500138	D17	Lipoma	D		2,000
214	FP00500139	K56	Loop Colostomy Sigmoid		5	12,000
215	FP00500140	I84	Lords Procedure (haemorrhoids)		2	5,000
216	FP00500141	D24	Lumpectomy - Excision		2	7,000
217	FP00500142	C50	Mastectomy		2	9,000
218	FP00500143	K66	Mesenteric Cyst - Excision		3	9,000
219	FP00500144	K76	Mesenteric Caval Anastomosis		5	10,000
220	FP00500145	D14	Microalaryngoscopic Surgery [microalaryngoscopy ?]		3	12,500
221	FP00500146	T18	Oeshophagoscopy for foreign body removal	D		6,000
222	FP00500147	D13	Oesophagectomy		5	14,000
223	FP00500148	I85	Oesophagus Portal Hypertension		5	18,000
224	FP00500149	N73	Pelvic Abscess - Open Drainage		5	8,000
225	FP00500150	C61	Orchidectomy		2	5,500
226	FP00500151	C61	Orchidectomy + Herniorraphy		3	7,000
227	FP00500152	Q53	Orchidopexy		5	6,000
228	FP00500153	Q53	Orchidopexy with Circumsion		5	9,750
229	FP00500154	Q53	Orchidopexy With Eversion of Sac		5	8,750
230	FP00500155		Orchidopexy with Herniotomy		5	14,875
231	FP00500156	N45	Orchitis		2	6,000
232	FP00500157	K86	Pancreatrico Deodeneotomy		6	13,750
233	FP00500158	D12	Papilloma Rectum - Excision		2	3,500
234	FP00500159	I84	Haemorroidectomy+ Fistulectomy		2	7,000
235	FP00500160		Phytomatous Growth in the Scalp - Excision		1	3,125
236	FP00500161	K76	Porto Caval Anastomosis		5	12,000
237	FP00500162	K25	Pyeloroasty		5	11,000
238	FP00500163	C50	Radical Mastectomy		2	9,000
239	FP00500164	C49	Radical Neck Dissection - Excision		6	18,750
240	FP00500165	K43	Hernia - Spigelian		3	12,250
241	FP00500166	K62	Rectal Dilation		1	4,500
242	FP00500167	K62	Prolapse of Rectal Mass - Excision		2	8,000
243	FP00500168	K62	Rectal polyp		1	3,000
244	FP00500169	K62	Rectopexy		3	10,000
245	FP00500170	K83	Repair of Common Bile Duct		3	12,500
246	FP00500171	C18	Resection Anastomosis (Large Intestine)		8	15,000
247	FP00500172	C17	Resection Anastomosis (Small Intestine)		8	15,000
248	FP00500173	D20	Retroperitoneal Tumor - Excision		5	15,750
249	FP00500174	I84	Haemorroidectomy		2	5,000
250	FP00500175	K11	Salivary Gland - Excision		3	7,000
251	FP00500176	L72	Sebaceous Cyst - Excision	D		1,200
252	FP00500177	N63	Segmental Resection of Breast		2	10,000
253	FP00500178		Scrotal Swelling (Multiple) - Excision		2	5,500
254	FP00500179	K57	Sigmoid Diverticulum		7	15,000
255	FP00500180	K25	Simple closure - Peptic perforation		6	11,000
256	FP00500181	L05	Sinus - Excision		2	5,000
257	FP00500182	D17	Soft Tissue Tumor - Excision		3	4,000

258	FP00500183	C80	Spindle Cell Tumor - Excision	3	7,000
259	FP00500184	D58	Splenectomy	10	23,000
260	FP00500185		Submandibular Lymphs - Excision	2	4,500
261	FP00500186	K11	Submandibular Mass Excision + Reconstruction	5	15,000
262	FP00500187	K11	Submandibular Salivary Gland -Removal	5	9,500
263	FP00500188	D11	Superficial Parodectomy	5	10,000
264	FP00500189	R22	Swelling in Rt and Lt Foot - Excision	1	2,400
265	FP00500190	R22	Swelling Over Scapular Region	1	4,000
266	FP00500191	K57	Terminal Colostomy	5	12,000
267	FP00500192	J38	Thyroplasty	5	11,000
268	FP00500193	C18	Coloectomy - Total	6	15,000
269	FP00500194	C67	Cystectomy - Total	6	10,000
270	FP00500195	C01	Glossectomy - Total (Throat)	7	15,000
271	FP00500196	C33	Pharyngectomy & Reconstruction - Total	6	13,000
272	FP00500197	Q32	Tracheal Stenosis (End to end Anastamosis) (Throat)	6	15,000
273	FP00500198	Q32	Tracheoplasty (Throat)	6	15,000
274	FP00500199	K56	Transverse Colostomy	5	12,500
275	FP00500200	Q43	Umbilical Sinus - Excision	2	5,000
276	FP00500201	K25	Vagotomy & Drainage	5	15,000
277	FP00500202	K25	Vagotomy & Pyloroplasty	6	15,000
278	FP00500203	I84	Varicose Veins - Excision and Ligation	3	7,000
279	FP00500204		Vasco Vasostomy	3	11,000
280	FP00500205	K56	Volvlous of Large Bowel	4	15,000
281	FP00500206	K76	Warren's Shunt	6	15,000

6 GYNAECOLOGY

282	FP00600001		Abdomonal open for stress incision	5	11,250
283	FP00600002	N75	Bartholin abscess I & D	D	1,875
284	FP00600003	N75	Bartholin cyst removal	D	1,875
285	FP00600004	N84	Cervical Polypectomy	1	3,000
286	FP00600005	N84	Cyst - Labial	D	1,750
287	FP00600006	D28	Cyst -Vaginal Enucleation	D	1,875
288	FP00600007	N83	Ovarian Cystectomy	1	7,000
289	FP00600008	N81	Cystocele - Anterior repair	2	10,000
290	FP00600009	N96	D&C (Dilatation & curretage)	D	2,500
291	FP00600010		Electro Cauterisation Cryo Surgery	D	2,500
292	FP00600011		Fractional Curretage	D	2,500
293	FP00600012		Gilliams Operation	2	6,000
294	FP00600013		Haemato Colpo/Excision - Vaginal Septum	D	3,000
295	FP00600014	N89	Hymenectomy & Repair of Hymen	D	5,000
296	FP00600015	C53	Hysterectomy - abdominal	5	10,000
297	FP00600016	C53	Hysterectomy - Vaginal	5	10,000
298	FP00600017	C53	Hysterectomy - Wertheims operation	5	12,500
299	FP00600018	D25	Hysterotomy -Tumors removal	5	12,500
300	FP00600019	D25	Myomectomy - Abdominal	5	10,500

301	FP00600020	D27	Ovarectomy/Oophrectomy		3	7,000
302	FP00600021	O70	Perineal Tear Repair	D		1,875
303	FP00600022	N81	Prolapse Uterus -L forts		5	11,250
304	FP00600023	N81	Prolapse Uterus - Manchester		5	11,250
305	FP00600024	N82	Retro Vaginal Fistula -Repair		3	12,250
306	FP00600025	C56	Salpingoophrectomy		3	7,500
307	FP00600026	N97	Tuboplasty		3	8,750
308	FP00600027	O70	Vaginal Tear -Repair	D		3,125
309	FP00600028	D28	Vulvectomy		2	8,000
310	FP00600029	D28	Vulvectomy - Radical		2	7,500
311	FP00600030	D28	Vulval Tumors - Removal		3	5,000
312	FP00600031		Normal Delivery		2	2,500
313	FP00600032		Casearean delivery		3	4,500
7 ENDOSCOPIC PROCEDURES						
314	FP00700001	N80	Ablation of Endometriotic Spot	D		5,000
315	FP00700002		Adhenolysis	D		17,000
316	FP00700003	K35	Appendectomy		2	11,000
317	FP00700004	K80	Cholecystectomy		3	10,000
318	FP00700005	K80	Cholecystectomy and Drainage of Liver abscess		3	14,200
319	FP00700006	K80	Cholecystectomy with Excision of TO Mass		4	15,000
320	FP00700007		Cyst Aspiration	D		1,750
321	FP00700008		Endometria to Endometria Anastomosis		3	7,000
322	FP00700009	N97	Fimbriolysis		2	5,000
323	FP00700010	C18	Hemicolectomy		4	17,000
324	FP00700011	C53	Hysterectomy with bilateral Salpingo Operectomy		3	12,250
325	FP00700012	K43	Incisional Hernia - Repair		2	12,250
326	FP00700013	K40	Inguinal Hernia - Bilateral		2	10,000
327	FP00700014	K40	Inguinal hernia - Unilateral		2	11,000
328	FP00700015	K56	Intestinal resection		3	13,500
329	FP00700016	D25	Myomectomy		2	10,500
330	FP00700017	D27	Oophrectomy		2	7,000
331	FP00700018	N83	Ovarian Cystectomy	D		7,000
332	FP00700019		Perotinitis		5	9,000
333	FP00700020	C56	Salpingo Ophrectomy		3	9,000
334	FP00700021	N97	Salpingostomy		2	9,000
335	FP00700022	Q51	Uterine septum	D		7,500
336	FP00700023	I86	Varicocele - Bilateral		1	15,000
337	FP00700024	I86	Varicocele - Unilateral		1	11,000
338	FP00700025	N28	Repair of Ureterocele		3	10,000
8 HYSTEROSCOPIC						
339	FP00800001	N80	Ablation of Endometrium	D		5,000
340	FP00800002	N97	Hysteroscopic Tubal Cannulation	D		7,500
341	FP00800003	N84	Polypectomy	D		7,000
342	FP00800004	N85	Uterine Synechia - Cutting	D		7,500
9 NEUROSURGERY						

343	FP00900001	I67	Anneurysm	10	29,750
344	FP00900002	Q01	Anterior Encephalocele	10	28,750
345	FP00900003	I60	Burr hole	8	18,750
346	FP00900004	I65	Carotid Endartrectomy	10	18,750
347	FP00900005	G56	Carpal Tunnel Release	5	11,000
348	FP00900006	Q76	Cervical Ribs – Bilateral	7	13,000
349	FP00900007	Q76	Cervical Ribs - Unilateral	5	10,000
350	FP00900008		Cranio Ventrical	9	14,000
351	FP00900009		Cranioplasty	7	10,000
352	FP00900010	Q75	Craniostenosis	7	20,000
353	FP00900011	S02	Cerebrospinal Fluid (CSF) Rhinorrohea	3	10,000
354	FP00900012		Duroplasty	5	9,000
355	FP00900013	S06	Haematoma - Brain (head injuries)	9	22,000
356	FP00900014		Haematoma - Brain (hypertensive)	9	22,000
357	FP00900015	S06	Haematoma (Child irritable subdural)	10	22,000
358	FP00900016	M48	Laminectomy with Fusion	6	16,250
359	FP00900017		Local Neurectomy	6	11,000
360	FP00900018	M51	Lumbar Disc	5	10,000
361	FP00900019	Q05	Meningocele - Anterior	10	30,000
362	FP00900020	Q05	Meningocele - Lumbar	8	22,500
363	FP00900021	Q01	Meningococle – Ocipital	10	30,000
364	FP00900022	M50	Microdisectomy - Cervical	10	15,000
365	FP00900023	M51	Microdisectomy - Lumber	10	15,000
366	FP00900024	M54	Neurolysis	7	15,000
367	FP00900025		Peripheral Nerve Surgery	7	12,000
368	FP00900026	I82	Posterior Fossa - Decompression	8	18,750
369	FP00900027		Repair & Transposition Nerve	3	6,500
370	FP00900028	S14	Brachial Plexus - Repair	7	18,750
371	FP00900029	Q05	Spina Bifida - Large - Repair	10	22,000
372	FP00900030	Q05	Spina Bifida - Small - Repair	10	18,000
373	FP00900031	G91	Shunt	7	12,000
374	FP00900032	S12	Skull Traction	5	8,000
375	FP00900033		Spine - Anterior Decompression	8	18,000
376	FP00900034	M54	Spine - Canal Stenosis	6	14,000
377	FP00900035	M54	Spine - Decompression & Fusion	6	17,000
378	FP00900036	M54	Spine - Disc Cervical/Lumber	6	15,000
379	FP00900037	C72	Spine - Extradural Tumour	7	14,000
380	FP00900038	C72	Spine - Intradural Tumour	7	14,000
381	FP00900039	C72	Spine - Intramedullar Tumour	7	15,000
382	FP00900040	P10	Subdural aspiration	3	8,000
383	FP00900041	G50	Temporal Rhizotomy	5	12,000
384	FP00900042		Trans Sphenoidal	6	15,000
385	FP00900043	C71	Tumours - Supratentorial	7	22,500
386	FP00900044	D32	Tumours Meninges - Gocussa	7	22,500
387	FP00900045	D32	Tumours Meninges - Posterior	7	22,500
388	FP00900046	K25	Vagotomy - Selective	5	15,000
389	FP00900047	C17	Vagotomy with Gastrojejunostomy	6	15,000

390	FP00900048	K25	Vagotomy with Pyloroplasty	6	15,000
391	FP00900049	K25	Vagotomy - Highly Selective	5	15,000
392	FP00900050	G00	Ventricular Puncture	3	8,000
10 OPTHALMOLOGY					
393	FP01000001	H00	Abscess Drainage of Lid	D	500
394	FP01000002	H40	Anterior Chamber Reconstruction	3	7,000
395	FP01000003	H33	Buckle Removal	2	9,375
396	FP01000004	H04	Canaliculo Dacryocysto Rhinostomy	1	7,000
397	FP01000005	H25	Capsulotomy	1	2,000
398	FP01000006	H25	Cataract – Bilateral	D	5,000
399	FP01000007	H25	Cataract – Unilateral	D	3,500
400	FP01000008	H25	Cataract + Pterygium	D	5000
401	FP01000009	H18	Corneal Grafting	D	4,000
402	FP01000010	H33	Cryoretinopexy - Closed	1	5,000
403	FP01000011	H33	Cryoretinopexy - Open	1	6,000
404	FP01000012	H40	Cyclocryotherapy	D	3,500
405	FP01000013	H04	Cyst	D	1,000
406	FP01000014	H04	Dacrocystectomy With Pterygium - Excision	D	6,500
407	FP01000015	H11	Pterigium + Conjunctival Autograft	D	3,500
408	FP01000016	H04	Dacryocystectomy	D	5,000
409	FP01000017	H46	Endoscopic Optic Nerve Decompression	D	8,000
410	FP01000018	E05	Endoscopic Optic Orbital Decompression	D	8,000
411	FP01000019	C69	Enucleation	1	2,000
412	FP01000020	C69	Enucleation with Implant	1	3,500
413	FP01000021	C69	Exentration	D	3,500
414	FP01000022	H02	Ectropion Correction	D	3,000
415	FP01000023	H40	Glaucoma surgery (trabeculectomy)	2	7,000
416	FP01000024	H44	Intraocular Foreign Body Removal	D	3,000
417	FP01000025	H18	Keratoplasty	1	8,000
418	FP01000026	H52	Lensectomy	D	7,500
419	FP01000027	H04	Limbal Dermoid Removal	D	2,500
420	FP01000028	H33	Membranectomy	D	6,000
421	FP01000029	S05	Perforating corneo - Scleral Injury	2	5,000
422	FP01000030	H11	Pterygium (Day care)	D	1,000
423	FP01000031	H02	Ptosis	D	2,000
424	FP01000032	H52	Radial Keratotomy	1	5,000
425	FP01000033	H21	IRIS Prolapse - Repair	2	5,000
426	FP01000034	H33	Retinal Detachment Surgery	2	10,000
427	FP01000035	D31	Small Tumour of Lid - Excision	D	500
428	FP01000036	D31	Socket Reconstruction	3	6,000
429	FP01000037	H40	Trabeculectomy - Right	D	7,500
430	FP01000038	H40	Iridectomy	D	1,800
431	FP01000039	D31	Tumours of IRIS	2	4,000
432	FP01000040	H33	Vitrectomy	2	4,500
433	FP01000041	H33	Vitrectomy + Retinal Detachment	3	20,000
11 ORTHOPAEDIC					
434	FP01100001	S42	Acromion reconstruction	10	20,000

435	FP01100002	Q79	Accessory bone - Excision	3	12,000
436	FP01100003	S48	Ampuaction - Upper Fore Arm	5	15,000
437	FP01100004	S68	Amputation - Index Fingure	1	1,000
438	FP01100005	S58	Amputation - Forearm Amputation - Wrist Axillary Node	5	18,000
439	FP01100006		Dissection	4	12,000
440	FP01100007		Amputation - 2nd and 3rd Toe	1	2,000
441	FP01100008		Amputation - 2nd Toe	1	1,000
442	FP01100009		Amputation - 3rd and 4th Toes	1	2,000
443	FP01100010		Amputation - 4th and 5th Toes	1	2,000
444	FP01100011		Amputation - Ankle	5	12,000
445	FP01100012		Amputation - Arm	6	18,000
446	FP01100013	M20	Amputation - Digits	1	3,500
447	FP01100014		Amputation - Fifth Toe	1	1,000
448	FP01100015	S98	Amputation - Foot	5	18,000
449	FP01100016		Amputation - Forefoot	5	15,000
450	FP01100017		Amputation - Great Toe	1	1,000
451	FP01100018	S68	Amputation - Wrist	5	12,000
452	FP01100019	S88	Amputation - Leg Amputation - Part of Toe and Fixation of K	7	20,000
453	FP01100020		Wire	5	12,000
454	FP01100021	S78	Amputation - Thigh	7	18,000
455	FP01100022	M41	Anterior & Posterior Spine Fixation	6	25,000
456	FP01100023		Arthroplasty – Excision	3	8,000
457	FP01100024		Arthorotomy	7	15,000
458	FP01100025	Q66	Arthrodesis Ankle Triple	7	16,000
459	FP01100026		Arthrotomy + Synevectomy	3	15,000
460	FP01100027	Q65	Arthroplasty of Femur head - Excision	7	18,000
461	FP01100028	S82	Bimalleolar Fracture Fixation	6	12,000
462	FP01100029		Bone Tumour and Reconstruction -Major - Excision	6	13,000
463	FP01100030		Bone Tumour and Reconstruction - Minor - Excision	4	10,000
464	FP01100031	M77	Calcaneal Spur - Excision of Both	3	9,000
465	FP01100032	S42	Clavicle Surgery	5	15,000
466	FP01100033	S62	Close Fixation - Hand Bones	3	7,000
467	FP01100034	S92	Close Fixation - Foot Bones	2	6,500
468	FP01100035		Close Reduction - Small Joints	1	3,500
469	FP01100036		Closed Interlock Nailing + Bone Grafting	2	12,000
470	FP01100037		Closed Interlocking Intermedullary	2	12,000
471	FP01100038	S82	Closed Interlocking Tibia + Orif of Fracture Fixation	3	12,000
472	FP01100039		Closed Reduction and Internal Fixation	3	12,000
473	FP01100040		Closed Reduction and Internal Fixation with K wire	3	12,000
474	FP01100041		Closed Reduction and Percutaneous Screw Fixation	3	12,000
475	FP01100042		Closed Reduction and Percuteneous Pinning	3	12,000
476	FP01100043		Closed Reduction and Percutaneous Nailing	3	12,000

477	FP01100044		Closed Reduction and Proceed to Posterior Stabilization	5	16,000
478	FP01100045		Debridement & Closure - Major	3	5,000
479	FP01100046		Debridement & Closure - Minor	1	3,000
480	FP01100047	M48	Decompression and Spinal Fixation	5	20,000
481	FP01100048	M48	Decompression and Stabilization with Steffiplate	6	20,000
482	FP01100049	M43	Decompression L5 S1 Fusion with Posterior Stabilization	6	20,000
483	FP01100050	G56	Decompression of Carpal Tunnel Syndrome	2	4,500
484	FP01100051	M51	Decompression Posterior D12+L1	5	18,000
485	FP01100052	M51	Decompression Stabilization and Laminectomy	5	16,000
486	FP01100053	S53	Dislocation - Elbow	D	1,000
487	FP01100054	S43	Dislocation - Shoulder	D	1,000
488	FP01100055	S73	Dislocation- Hip	1	1,000
489	FP01100056	S83	Dislocation - Knee	1	1,000
490	FP01100057		Drainage of Abscess Cold	D	1,250
491	FP01100058	M72	Dupuytren Contracture	6	12,000
492	FP01100059	M89	Epiphyseal Stimulation	3	10,000
493	FP01100060	M89	Exostosis - Small bones -Excision	2	5,500
494	FP01100061	M89	Exostosis - Femur - Excision	7	15,000
495	FP01100062	M89	Exostosis - Humerus - Excision	7	15,000
496	FP01100063	M89	Exostosis - Radius - Excision	6	12,000
497	FP01100064	M89	Exostosis - Ulna - Excision	6	12,000
498	FP01100065	M89	Exostosis - Tibia- Excision	6	12,000
499	FP01100066	M89	Exostosis - Fibula - Excision	6	12,000
500	FP01100067	M89	Exostosis - Patella - Excision	6	12,000
501	FP01100068		Exploration and Ulnar Repair	5	9,500
502	FP01100069	S72	External fixation - Long bone	4	13,000
503	FP01100070		External fixation - Small bone	2	11,500
504	FP01100071	S32	External fixation - Pelvis	5	15,000
505	FP01100072	M62	Fasciotomy	2	12,000
506	FP01100073		Fixator with Joint Arthrolysis	9	18,000
507	FP01100074	S32	Fracture - Acetabulum	9	18,000
508	FP01100075	S72	Fracture - Femoral neck - MUA & Internal Fixation	7	18,000
509	FP01100076	S72	Fracture - Femoral Neck Open Reduction & Nailing	7	15,000
510	FP01100077	S82	Fracture - Fibula Internal Fixation	7	15,000
511	FP01100078	S72	Fracture - Hip Internal Fixation	7	15,000
512	FP01100079	S42	Fracture - Humerus Internal Fixation	2	13,000
513	FP01100080	S52	Fracture - Olecranon of Ulna	2	9,500
514	FP01100081	S52	Fracture - Radius Internal Fixation	2	9,500
515	FP01100082	S82	Fracture - TIBIA Internal Fixation	4	10,500
516	FP01100083	S82	Fracture - Fibula Internal Fixation	4	10,500
517	FP01100084	S52	Fracture - Ulna Internal Fixation	4	9,500
518	FP01100085		Fractured Fragment Excision	2	7,500
519	FP01100086	M16	Girdle Stone Arthroplasty	7	15,000

520	FP01100087	M41	Harrington Instrumentation	5	15,000
521	FP01100088	S52	Head Radius - Excision	3	15,000
522	FP01100089	M17	High Tibial Osteotomy	5	15,000
523	FP01100090		Hip Region Surgery	7	18,000
524	FP01100091	S72	Hip Spica	D	4,000
525	FP01100092	S42	Internal Fixation Lateral Epicondyle	4	9,000
526	FP01100093		Internal Fixation of other Small Bone	3	7,000
527	FP01100094		Joint Reconstruction	10	22,000
528	FP01100095	M48	Laminectomy	9	18,000
529	FP01100096	M89	Leg Lengthening	8	15,000
530	FP01100097	S72	Llizarov Fixation	6	15,000
531	FP01100098	M66	Multiple Tendon Repair	5	12,500
532	FP01100099		Nerve Repair Surgery	6	14,000
533	FP01100100		Nerve Transplant/Release	5	13,500
534	FP01100101		Neurolysis	7	18,000
535	FP01100102		Open Reduction Internal Fixation (2 Small Bone)	5	12,000
536	FP01100103		Open Reduction Internal Fixation (Large Bone)	6	16,000
537	FP01100104	Q65	Open Reduction of CDH	7	17,000
538	FP01100105		Open Reduction of Small Joint	1	7,500
539	FP01100106		Open Reduction with Phemister Grafting	3	10,000
540	FP01100107		Osteotomy -Small Bone	6	18,000
541	FP01100108		Osteotomy -Long Bone	8	21,000
542	FP01100109	M17	Patellectomy	7	15,000
543	FP01100110	S32	Pelvic Fracture - Fixation	8	17,000
544	FP01100111	M16	Pelvic Osteotomy	10	22,000
545	FP01100112		Percutaneous - Fixation of Fracture Prepatellar Bursa and Repair of MCL of Knee	6	10,000
546	FP01100113	M70	Reconstruction of ACL/PCL	7	15,500
547	FP01100114	S83	Retrolcalcanal Bursa - Excision	7	19,000
548	FP01100115	M76	Sequestrectomy of Long Bones	4	10,000
549	FP01100116	M86	Shoulder Jacket (is it shoulder spica ?	7	18,000
550	FP01100117	M75	Sinus Over Sacrum Excision	D	5,000
551	FP01100118		Skin Grafting	2	7,500
552	FP01100119		Spinal Fusion	2	7,500
553	FP01100120	M43	Synovectomy	10	22,000
554	FP01100121	M05	Synovial Cyst - Excision	7	18,000
555	FP01100122	M71	Tendo Achilles Tenotomy	1	7,500
556	FP01100123	Q66	Tendon Grafting	1	5,000
557	FP01100124		Tendon Nerve Surgery of Foot	3	18,000
558	FP01100125	S86	Tendon Release	1	2,000
559	FP01100126	G56	Tenolysis	1	2,500
560	FP01100127	M67	Tenotomy	2	8,000
561	FP01100128	M67	Tension Band Wiring Patella	2	8,000
562	FP01100129	S82	Trigger Thumb	5	12,500
563	FP01100130	M65	Wound Debridment	D	2,500
564	FP01100131			D	1,000

		12	PAEDIATRIC		
565	FP01200001	Q79	Abdomino Peritoneal (Exomphalos)	5	13,000
566	FP01200002	Q42	Anal Dilatation	3	5,000
567	FP01200003	Q43	Anal Transposition for Ectopic Anus	7	17,000
568	FP01200004	Q54	Chordee Correction	5	10,000
569	FP01200005	Q43	Closure Colostomy	7	12,500
570	FP01200006	Q43	Colectomy	5	12,000
571	FP01200007	Q39	Colon Transplant	3	18,000
572	FP01200008	N21	Cystolithotomy	3	7,500
573	FP01200009	Q39	Esophageal Atresia (Fistula)	3	18,000
574	FP01200010	R62	Gastrostomy	5	15,000
575	FP01200011	Q79	Hernia - Diaphragmatic	3	10,000
576	FP01200012	K43	Hernia - Epigastric	3	7,000
577	FP01200013	K42	Hernia - Umbilical	3	7,000
578	FP01200014	K40	Hernia-Inguinal - Bilateral	3	10,000
579	FP01200015	K40	Hernia-Inguinal -Unilateral	3	7,000
580	FP01200016	Q43	Meckel's Diverticulectomy	3	12,250
581	FP01200017	Q74	Meniscectomy	3	6,000
582	FP01200018	N20	Nephrolithotomy	3	10,000
583	FP01200019	Q53	Orchidopexy - Bilateral	2	7,500
584	FP01200020	Q53	Orchidopexy - Unilateral)	2	5,000
585	FP01200021	N20	Pyelolithotomy	5	10,000
586	FP01200022	Q62	Pyeloplasty	5	15,000
587	FP01200023	Q40	Pyloric Stenosis (Ramsted OP)	3	10,000
588	FP01200024	K62	Rectal Polyp	2	3,750
589	FP01200025		Resection & Anastamosis of Intestine	7	17,000
590	FP01200026	N21	Supra Pubic Drainage - Open	2	4,000
591	FP01200027	N44	Torsion Testis	5	10,000
592	FP01200028	Q39	Tracheo Esophageal Fistula	5	18,750
593	FP01200029	Q62	Ureterotomy	5	10,000
594	FP01200030	N35	Urethroplasty	5	15,000
595	FP01200031	Q62	Vesicostomy	5	12,000
		13	ENDOCRINE		
596	FP01300001	D35	Adenoma Parathyroid - Excision	3	15,000
597	FP01300002	D35	Adrenal Gland Tumour - Excision	5	11,250
598	FP01300003	D36	Axillary lymphnode - Excision	3	13,000
599	FP01300004	D11	Parotid Tumour - Excision	3	9,000
600	FP01300005	C25	Pancreatectomy	7	17,000
601	FP01300006	K80	Sphincterotomy (sphincterotomy ?)	5	13,000
602	FP01300007	D34	Thyroid Adenoma Resection Enucleation	5	15,000
603	FP01300008	E05	Thyroidectomy - Hemi	3	9,000
604	FP01300009	E05	Thyroidectomy - Partial	3	10,000
605	FP01300010	C73	Thyroidectomy - Total	5	16,000
606	FP01300011	C73	Total thyroidectomy & block dissection	5	17,000
607	FP01300012	C73	Total Thyroidectomy + Reconstruction	5	15,000
608	FP01300013		Trendal Burge Ligation and Stripping	3	9,000
		14	UROLOGY		

609	FP01400001	N21	Bladder Calculi- Removal	2	7,000
610	FP01400002	C67	Bladder Tumour (Fulguration)	2	2,000
611	FP01400003	Q64	Correction of Extrophy of Bladder	2	1,500
612	FP01400004	N21	Cystolithotomy	2	6,000
613	FP01400005	K86	Cysto Gastrostomy	4	10,000
614	FP01400006	K86	Cysto Jejunostomy	4	10,000
615	FP01400007	N20	Dormia Extraction of Calculus	1	5,000
616	FP01400008	N15	Drainage of Perinephric Abscess	1	7,500
617	FP01400009	N21	Cystolithopexy	2	7,500
618	FP01400010	N36	Excision of Urethral Carbuncle	1	5,000
619	FP01400011		Exploration of Epididymus (Unsuccessful Vasco vasectomy)	2	7,500
620	FP01400012	Q64	Urachal Cyst	1	4,000
621	FP01400013	Q54	Hydrospadius	2	9,000
622	FP01400014	N35	Internal Urethrotomy	3	7,000
623	FP01400015	N20	Litholapexy	2	7,500
624	FP01400016	N20	Lithotripsy	2	11,000
625	FP01400017	N36	Meatoplasty	1	2,500
626	FP01400018	N36	Meatotomy	1	1,500
627	FP01400019		Neoblastoma	3	10,000
628	FP01400020	Q61	Nephrectomy	4	10,000
629	FP01400021	C64	Nephrectomy (Renal tumour)	4	10,000
630	FP01400022	C64	Nephro Uretrectomy	4	10,000
631	FP01400023	N20	Nephrolithotomy	3	15,000
632	FP01400024	N28	Nephropexy	2	9,000
633	FP01400025	N13	Nephrostomy	2	10,500
634	FP01400026	C64	Nephrourethrotomy (is it Nephrourethrectomy ?)	3	11,000
635	FP01400027	C67	Open Resection of Bladder Neck	2	7,500
636	FP01400028	N28	Operation for Cyst of Kidney	3	9,625
637	FP01400029	N28	Operation for Double Ureter	3	15,750
638	FP01400030	Q62	Fturp	3	12,250
639	FP01400031	S37	Operation for Injury of Bladder	3	12,250
640	FP01400032	C67	Partial Cystectomy	3	16,500
641	FP01400033	C64	Partial Nephrectomy	3	13,000
642	FP01400034	N20	PCNL (Percutaneous nephro lithotomy) - Biilateral	3	18,000
643	FP01400035	N20	PCNL (Percutaneous nephro lithotomy) - Unilateral	3	14,000
644	FP01400036	Q64	Post Urethral Valve	1	9,000
645	FP01400037	N20	Pyelolithotomy	3	13,500
646	FP01400038	N13	Pyeloplasty & Similar Procedures	3	12,500
647	FP01400039	C64	Radical Nephrectomy	3	13,000
648	FP01400040	N47	Reduction of Paraphimosis	D	1,500
649	FP01400041	N36	Reimplanation of Urethra	5	17,000
650	FP01400042	N32	Reimplantation of Bladder	5	17,000
651	FP01400043	N13	Reimplantation of Ureter	5	17,000
652	FP01400044	N82	Repair of Uretero Vaginal Fistula	2	12,000

653	FP01400045	N28	Repair of Ureterocele	3	10,000
654	FP01400046	N13	Retroperitoneal Fibrosis - Renal	5	26,250
655	FP01400047	C61	Retropubic Prostatectomy	4	15,000
656	FP01400048	K76	Spleno Renal Anastomosis	5	13,000
657	FP01400049	N35	Stricture Urethra	1	7,500
658	FP01400050	N40	Suprapubic Cystostomy - Open	2	3,500
659	FP01400051	N40	Suprapubic Drainage - Closed	2	3,500
660	FP01400052	N44	Torsion testis	1	3,500
661	FP01400053	N40	Trans Vesical Prostatectomy	2	15,750
662	FP01400054	N40	Transurethral Fulguration TURBT (Transurethral Resection of the Bladder Tumor)	2	4,000
663	FP01400055	D30		3	15,000
664	FP01400056	N40	TURP + Circumcision	3	15,000
665	FP01400057	N41	TURP + Closure of Urinary Fistula	3	13,000
666	FP01400058	N40	TURP + Cystolithopexy	3	18,000
667	FP01400059	N40	TURP + Cystolithotomy	3	18,000
668	FP01400060	K60	TURP + Fistulectomy	3	15,000
669	FP01400061	N40	TURP + Cystoscopic Removal of Stone	3	12,000
670	FP01400062	C64	TURP + Nephrectomy	3	25,000
671	FP01400063	C61	TURP + Orchidectomy	3	18,000
672	FP01400064	N40	TURP + Suprapubic Cystolithotomy	3	15,000
673	FP01400065	C61	TURP + TURBT	3	15,000
674	FP01400066	N40	TURP + URS	3	14,000
675	FP01400067	N40	TURP + Vesicolithotripsy	3	15,000
676	FP01400068	N40	TURP + VIU (visual internal urethrotomy)	3	12,000
677	FP01400069	I84	TURP + Haemorrhoidectomy	3	15,000
678	FP01400070	N40	TURP + Hydrocele	3	18,000
679	FP01400071	N40	TURP + Hernioplasty	3	15,000
680	FP01400072	N40	TURP with Repair of Urethra	3	12,000
681	FP01400073		TURP + Herniorraphy TURP (Trans-Urethral Resection of Bladder)Prostate	3	17,000
682	FP01400074	N40		3	14,250
683	FP01400075	K60	TURP + Fissurectomy	3	15,000
684	FP01400076	N40	TURP + Urethrolithotomy	3	15,000
685	FP01400077	N40	TURP + Urethral dilatation	3	15,000
686	FP01400078	N82	Uretero Colic Anastomosis	3	8,000
687	FP01400079	N20	Ureterolithotomy	3	10,000
688	FP01400080	N20	Ureteroscopic Calculi - Bilateral	2	18,000
689	FP01400081	N20	Ureteroscopic Calculi - Unilateral	2	12,000
690	FP01400082	N35	Ureteroscopy Urethroplasty	3	17,000
691	FP01400083	N20	Ureteroscopy PCNL Ureteroscopic stone Removal And DJ Stenting	3	17,000
692	FP01400084	N20		3	9,000
693	FP01400085	N35	Urethral Dilatation	1	2,250
694	FP01400086		Urethral Injury	2	10,000
695	FP01400087	N81	Urethral Reconstuction	3	10,000
696	FP01400088	C53	Ureteric Catheterization - Cystoscopy	1	3,000
697	FP01400089	C67	Uretrostomy (Cutanie)	3	10,000

698	FP01400090	N20	URS + Stone Removal	3	9,000
699	FP01400091	N20	URS Extraction of Stone Ureter - Bilateral	3	15,000
700	FP01400092	N20	URS Extraction of Stone Ureter - Unilateral	3	10,500
701	FP01400093	N20	URS with DJ Stenting With ESWL	3	15,000
702	FP01400094		URS with Endolitholopexy	2	9,000
703	FP01400095	N20	URS with Lithotripsy	3	9,000
704	FP01400096	N20	URS with Lithotripsy with DJ Stenting	3	10,000
705	FP01400097	N21	URS+Cysto+Lithotomy	3	9,000
706	FP01400098	N82	V V F Repair	3	15,000
707	FP01400099	Q54	Hypospadias Repair and Orchiopexy	5	16,250
708	FP01400100	N13	Vesico uretero Reflux - Bilateral	3	13,000
709	FP01400101	N13	Vesico Uretero Reflux - Unilateral	3	8,750
710	FP01400102	N21	Vesicolithotomy	3	7,000
711	FP01400103	N35	VIU (Visual Internal Urethrotomy)	3	7,500
712	FP01400104	N21	VIU + Cystolithopexy	3	12,000
713	FP01400105	N43	VIU + Hydrocelectomy	2	15,000
714	FP01400106	N35	VIU and Meatoplasty	2	9,000
715	FP01400107	N35	VIU for Stricture Urethra	2	7,500
716	FP01400108	N35	VIU with Cystoscopy	2	7,500
717	FP01400109	N32	Y V Plasty of Bladder Neck	5	9,500
15 ONCOLOGY					
718	FP01500001		Adenoma Excision	7	10,000
719	FP01500002	C74	Adrenalectomy - Bilateral	7	19,000
720	FP01500003	C74	Adrenalectomy - Unilateral	7	12,500
721	FP01500004	C00	Carcinoma lip - Wedge excision	5	7,000
722	FP01500005	C00-C97	Chemotherapy - Per sitting	D	1,000
723	FP01500006	D44	Excision Cartoid Body tumour	5	13,000
724	FP01500007	C56	Malignant ovarian	5	15,000
725	FP01500008		Operation for Neoblastoma	5	10,000
726	FP01500009	C16	Partial Subtotal Gastrectomy & Ulcer	7	15,000
727	FP01500010		Radiotherapy - Per sitting	D	1,500
18 MEDICAL (General Ward)					
728	FP01800001	A15			
729	FP01800002	B15			
730	FP01800003	B16			
731	FP01800004	B17			
732	FP01800005	B18			
733	FP01800006	B19			
734	FP01800007	A09			
735	FP01800008	A08			
736	FP01800009	A04			
737	FP01800010	A05			
738	FP01800011	A90			
739	FP01800012	A91			
740	FP01800013	B50			
741	FP01800014	B51			
742	FP01800015	B52			

743	FP01800016	B53
744	FP01800017	B54
745	FP01800018	A01
746	FP01800019	I10
747	FP01800020	J45
748	FP01800021	J12
749	FP01800022	J13
750	FP01800023	J14
751	FP01800024	J15
752	FP01800025	J16
753	FP01800026	J17*
754	FP01800027	J18
755	FP01800028	O13
756	FP01800029	O14
757	FP01800030	O14
758	FP01800031	A09
759	FP01800032	I60
760	FP01800033	I61
761	FP01800034	I62
762	FP01800035	I63
763	FP01800036	I64
764	FP01800037	J40
765	FP01800038	J41
766	FP01800039	J42
767	FP01800040	J43
768	FP01800041	J44
769	FP01800042	N10
770	FP01800043	N17
771	FP01800044	P58
772	FP01800045	P59
773	FP01800046	I33
774	FP01800047	A87
775	FP01800048	A06
776	FP01800049	E10
777	FP01800050	E11
778	FP01800051	E12
779	FP01800052	E13
780	FP01800053	E14

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

Exclusions to the RSBY Policy

EXCLUSIONS: (IPD & DAY CARE PROCEDURES)

The Company shall not be liable to make any payment under this policy in respect of any expenses whatsoever incurred by any Insured Person in connection with or in respect of:

- 1) Conditions that do not require hospitalization:** Condition that do not require hospitalization and can be treated under Out Patient Care. Out patient Diagnostic, Medical and Surgical procedures or treatments unless necessary for treatment of a disease covered under day care procedures will not be covered.

Further expenses incurred at Hospital or Nursing Home primarily for evaluation / diagnostic purposes only during the hospitalized period and expenses on vitamins and tonics etc unless forming part of treatment for injury or disease as certified by the attending physician.

Any dental treatment or surgery which is corrective, cosmetic or of aesthetic procedure, filling of cavity, root canal including wear and tear etc. unless arising from disease or injury and which requires hospitalisation for treatment.

- 2) Congenital external diseases:** Congenital external diseases or defects or anomalies, Convalescence, general debility, “run down” condition or rest cure.
- 3) Drug and Alcohol Induced illness:** Diseases / accident due to and or use, misuse or abuse of drugs / alcohol or use of intoxicating substances or such abuse or addiction etc.
- 4) Sterilization and Fertility related procedures:** Sterility, any fertility, sub-fertility or assisted conception procedure. Hormone replacement therapy, Sex change or treatment which results from or is in any way related to sex change.
- 5) Vaccination:** Vaccination, inoculation or change of life or cosmetic or of aesthetic treatment of any description, plastic surgery other than as may be necessitated due to an accident or as a part of any illness. Circumcision (unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due to any accident),
- 6) War, Nuclear invasion:** Injury or disease directly or indirectly caused by or arising from or attributable to War, Invasion, Act of Foreign Enemy,

War like operations (whether war be declared or not) or by nuclear weapons / materials.

- 7) **Suicide:** Intentional self-injury/suicide, all psychiatric and psychosomatic and related disorders

- 8) Naturopathy, Homeopathy, Unani, Siddha, Ayurveda: Naturopathy, Homeopathy, Unani, Siddha, Ayurveda treatment, unproven procedure or treatment, experimental or alternative medicine including acupressure, acupuncture, magnetic and such other therapies etc. Any treatment received in convalescent home, convalescent hospital, health hydro, nature care clinic or similar establishments.

EXCLUSIONS UNDER MATERNITY BENEFIT CLAUSE:

The Company shall not be liable to make any payment under this policy in respect of any expenses whatsoever incurred by any Insured Person in connection with or in respect of:

- a. Expenses incurred in connection with voluntary medical termination of pregnancy are not covered except induced by accident or other medical emergency to save the life of mother.

- b. Normal hospitalisation period is less than 48 hours from the time of delivery/ operations associated therewith for this benefit.

- c. Pre-natal expenses under this benefit; however treatment in respect of any complications requiring hospitalisation prior to delivery can be taken care under medical procedures.

Draft MoU Between Insurance Company and the Hospital

Service Agreement

Between

and

_____ Insurance Co. Ltd.

This Agreement (Hereinafter referred to as "Agreement") made at _____ on this _____ day of _____ 20__.

BETWEEN

_____ (Hospital) an institution located in _____, having their registered office at _____ (here in after referred to as "Hospital", which expression shall, unless repugnant to the context or meaning thereof, be deemed to mean and include it's successors and permitted assigns) as party of the FIRST PART

AND

_____ Insurance Company Limited, a Company registered under the provisions of the Companies Act, 1956 and having its registered office _____ (hereinafter referred to as "Insurer" which expression shall, unless repugnant to the context or meaning thereof, be deemed to mean and include it's successors, affiliate and assigns) as party of the SECOND PART.

The (hospital) and Insurer are individually referred to as a "Party" or "party" and collectively as "Parties" or "parties")

WHEREAS

1. Hospital is a health care provider duly recognized and authorized by government and appropriate authorities to impart health care services to the public at large.
2. Insurer is registered with Insurance Regulatory and Development Authority to conduct general insurance business including health insurance services. Insurer has entered into an agreement with the Government of _____ wherein it has agreed to provide the health insurance services to Below Poverty Line Families Beneficiaries covered under Rashtriya Swasthya Bima Yojana.
3. Hospital has expressed its desire to join Insurer's network of hospitals and has represented that it has requisite facilities to extend medical facilities and treatment to beneficiaries as covered under RSBY Policy on terms and conditions herein agreed.

4. Insurer has on the basis of desire expressed by the hospital and on its representation agreed to empanelled the hospital as empanelled provider for rendering complete health services.

In this **AGREEMENT**, unless the context otherwise requires:

- 1.the masculine gender includes the other two genders and vice versa;
- 2.the singular includes the plural and vice versa;
- 3.natural persons include created entities (corporate or incorporate) and vice versa;
- 4.marginal notes or headings to clauses are for reference purposes only and do not bear upon the interpretation of this **AGREEMENT**.
- 5.should any condition contained herein, contain a substantive condition, then such substantive condition shall be valid and binding on the **PARTIES** notwithstanding the fact that it is embodied in the definition clause.

In this **AGREEMENT** unless inconsistent with, or otherwise indicated by the context, the following terms shall have the meanings assigned to them hereunder, namely:

Definition

- A. **Institution** shall for all purpose mean a Hospital.
- B. **Health Services** shall mean all services necessary or required to be rendered by the Institution under an agreement with an insurer in connection with “health insurance business” or “health cover” as defined in regulation 2(f) of the IRDA (Registration of Indian Insurance Companies) Regulations, 2000 but does not include the business of an insurer and or an insurance intermediary or an insurance agent.
- C. **Beneficiaries** shall mean the person/s that are covered under the RSBY health insurance scheme of Government of India and holds a valid smart card issued for RSBY.
- D. **Confidential Information** includes all information (whether proprietary or not and whether or not marked as ‘Confidential’) pertaining to the business of the Company or any of its subsidiaries, affiliates, employees, Companies, consultants or business associates to which the Institution or its employees have access to, in any manner whatsoever.
- E. **Smart Card** shall mean Identification Card for BPL beneficiaries and other non-BPL beneficiaries (if applicable) issued under Rashtriya Swasthya Bima Yojana by the Insurer as per specifications given by Government. See Annexure 2 for details.

NOW IT IS HEREBY AGREED AS FOLLOWS:

Article 1:

Term

This Agreement shall be for a period of ____ years. However, it is understood and agreed between the Parties that the term of this agreement may be renewed yearly upon mutual consent of the Parties in writing, either by execution of a Supplementary Agreement or by exchange of letters.

Article 2:

Scope of services

1. The hospital undertakes to provide the service in a precise, reliable and professional manner to the satisfaction of Insurer and in accordance with additional instructions issued by Insurer in writing from time to time.
2. The hospital shall treat the beneficiaries of RSBY according to good business practice.
3. The hospital will extend priority admission facilities to the beneficiaries of the client, whenever possible.
4. The hospital shall provide packages for specified interventions/treatment to the beneficiaries as per the rates mentioned in Annexure III. It is agreed between the parties that the package will include:
 - (a) Bed charges (General Ward), Nursing and boarding charges, Surgeons, Anaesthetists, Medical Practitioner, Consultants fees, anaesthesia, blood, oxygen, OT charges, cost of surgical appliances, medicines & drugs, cost of prosthetic devices, implants, X-ray & diagnostic tests, food for patient etc.
 - (b) Expenses incurred for diagnostic test and medicines upto 1 day before the admission of the patient and upto 5 days of discharge from the hospitalization of the same ailment/ surgery.
 - (c) Transportation expenses of Rs. 100/- from the place of residence of the patient to the hospital. These would be reimbursed in cash by the hospital to the patient at the time of discharge.

5. The Hospital shall ensure that medical treatment/facility under this agreement should be provided with all due care and accepted standards is extended to the beneficiary.
6. The Hospital shall allow Insurance Company official to visit the beneficiary. Insurer shall not interfere with the medical team of the hospital, however Insurer reserves the right to discuss the treatment plan with treating doctor. Further access to medical treatment records and bills prepared in the hospital will be allowed to Insurer on a case to case basis with prior appointment from the hospital.
7. The Hospital shall also endeavor to comply with future requirements of Insurer to facilitate better services to beneficiaries e.g providing for standardized billing, ICD coding or etc and if mandatory by statutory requirement both parties agree to review the same.
8. The Hospital agrees to have bills audited on a case to case basis as and when necessary through Insurer audited team. This will be done on a pre agreed date and time and on a regular basis.
9. The hospital will convey to its medical consultants to keep the beneficiary only for the required number of days of treatment and carry only the required investigation & treatment for the ailment, which he is admitted. Any other incidental investigation required by the patient on his request needs to be approved separately by Insurer and if it is not covered under Insurer policy will not be paid by Insurer and the hospital needs to recover it from the patient

Article 3:

Identification of Beneficiaries

1. Smart Cards would be the proof of the eligibility of BPL households and other non-BPL beneficiaries (if applicable) for the purpose of the scheme. The beneficiaries will be identified by the hospital on the basis of smart card issued to them.. The smart card shall have the photograph and finger print details of the beneficiaries. The smart card would be read by the smart card reader. The patients/ relative's finger prints would also be captured by the bio metric scanner. The POS machine will identify a person if the finger prints match with those stored on the card. In

case the patient is not in a position to give fingerprint, any other member of the family who is enrolled under the scheme can verify the patient's identity by giving his/ her fingerprint.

2. The Hospital will set up a Help desk for RSBY beneficiaries. The desk shall be easily accessible and will have all the necessary hardware and software required to identify the patients.
3. For the ease of the beneficiary, the hospital shall display the recognition and promotional material, network status, and procedures for admission supplied by Insurer at prominent location, preferably at the reception and admission counter and Casualty/Emergency departments.
4. It is agreed between the parties that having implemented smart cards, in case due to technological issues causing interruption in implementing, thereby causing interruption in continuous servicing, there shall be a migration to manual health cards, as provided by the vendor specified by Insurer, and corresponding alternative servicing process for which the hospital shall extend all cooperation.

Article 4:

Hospital Services- Admission Procedure

1. Planned Admission

It is agreed between the parties that on receipt of request for hospitalization on behalf of the beneficiary the process to be followed by the hospital is prescribed in Annexure I.

2. Emergency admission

2.1 The Parties agree that the Hospital shall admit the Beneficiary (ies) upon the production and authentication of the smart card.

2.2 In case of other emergencies, hospital upon deciding to admit the Beneficiary should inform/intimate over phone immediately to the 24 hours Insurer's helpdesk or the local/ nearest Insurer office.

2.4 Insurer agrees and undertakes to have their medical team to get in touch within 8 hours on best effort basis of the hospital telephonic intimation and issue the authorization for admission under cashless.

2.5 Within a period of 12 hours from the time of admission a preauthorization form is forwarded which would give the details like present illness/past history, diagnosis, and estimated cost of treatment along with first prescription collected from patient.

2.6 On receipt of the preauthorization form for the beneficiary giving the details of the ailments for admission and the estimated treatment cost, which is to be forwarded within 12 hours of admission, Insurer undertakes to issue the confirmation letter for the admissible amount within 12 hours of the receipt of the preauthorization form subject to policy terms & conditions.

2.7 In case the ailment is not covered or given medical data is not sufficient for the medical team to confirm the eligibility, Insurer can deny the guarantee of payment, which shall be addressed, to the Insured under intimation to the Hospital. The hospital will have to follow their normal practice in such cases.

2.8 Denial of Authorization/ guarantee of payment in no way mean denial of treatment. The hospital shall deal with each case as per their normal rules and regulations.

2.9 Authorization certificate will mention the amount guaranteed class of admission, eligibility of beneficiary or various sub limits for rooms and board, surgical fees etc. wherever applicable, as per the benefit plan of the insured. Hospital must take care to ensure compliance.

2.10 The guarantee of payment is given only for the necessary treatment cost of the ailment covered and mentioned in the request for hospitalization. Non-covered items like Telephone usage, TV, relatives' food, hospital registration fees, documentation fees etc, must be collected directly from the insured. Any investigation carried out at the request of the patient but not forming the necessary part of the treatment also must be collected from the patient.

2.11 In case the sum available is considerably less than the estimated treatment cost, Hospital should follow their normal norms of deposit/ running bills etc., to ensure that they realize any excess sum payable by the beneficiaries not provided for by indemnity. Insurer upon receipt of the bills and document would release the guaranteed amount within 26 days subject to policy terms & conditions.

Article 5:

Checklist for the hospital at the time of Patient Discharge.

1. Original discharge summary, counterfoil generated at the time of discharge, original investigation reports, all original prescription & pharmacy receipt etc. must not be given to the patient. These are to be forwarded to billing department who will compile and keep the same with the hospital.
2. The Discharge card/Summary must mention the duration of ailment and duration of other disorders like hypertension or diabetes and operative notes in case of surgeries.
3. Signature or thumb impression of the patient / beneficiary on final hospital bill must be obtained.
4. Claim form of the Insurer must be presented to the beneficiary for signing and identity of the patient/ beneficiary again confirmed.

Article 6:

Payment terms

1. Hospital will submit online claim report alongwith the discharge summary in accordance with the rates as prescribed in the Annexure [redacted], within 7 days from the date of the discharge of the patient and Insurer will make payment of eligible bills within 15 days from the date of receipt of such submission. However if required, Insurer can visit hospital to gather further documents related to treatment to process the case, in which case the payment may be delayed beyond 15 days as contemplated herein. However, insurance company will need to inform the hospital in advance if the claim is getting delayed beyond fifteen days.
2. Payment will be done by Cheque/Electronic Fund Transfer
3. The hospital must recover any non-covered treatment/ Investigation cost from the beneficiary.
4. The final docket for onward submission to Insurer for immediate payment must contain the following:
 - 4.1. Counterfoil generated at the time of discharge, copy of preauthorization letter in case of treatment other than included in the package, and duly signed claim form.
 - 4.2 Original and complete discharge card/ summary mentioning the duration of ailment and duration of other disorders like hypertension or diabetes if any.

Article 7:

Declarations and Undertakings of a hospital

1. The hospital undertakes that they have obtained all the registrations/licenses/approvals required by law in order to provide the services pursuant to this agreement and that they have the skills, knowledge and experience required to provide the services as required in this agreement.

2. The hospital undertakes to uphold all requirement of law in so far as these apply to him and in accordance to the provisions of the law and the regulations enacted from time to time, by the local bodies or by the central or the state govt. The hospital declares that it has never committed a criminal offence which prevents it from practicing medicines and no criminal charge has been established against it by a court of competent jurisdiction.

Article 8:

General responsibilities & obligations of the Hospital

1. Ensure that no confidential information is shared or made available by the hospital or any person associated with it to any person or entity not related to the hospital without prior written consent of Insurer.
2. The hospital shall provide cashless facility to the beneficiary in strict adherence to the provisions of the agreement.
3. The hospital will have his facility covered by proper indemnity policy including errors, omission and professional indemnity insurance and agrees to keep such policies in force during entire tenure of the MoU. The cost/ premium of such policy shall be borne solely by the hospital.
4. The Hospital shall provide the best of the available medical facilities to the beneficiary.
5. The Hospital shall endeavor to have an officer in the administration department assigned for insurance/contractual patient and the officers will eventually learn the various types of medical benefits offered under the different insurance plans.
6. The Hospital shall to display their status of preferred service provider of RSBY at their reception/admission desks along with the display and other materials supplied by Insurer whenever possible for the ease of the beneficiaries.
7. The Hospital shall at all times during the course of this agreement maintain a helpdesk to manage all RSBY patients. This helpdesk would contain the following:
 - a. Facility of telephone
 - b. Facility of fax machine
 - c. PC Computer

- d. Internet/ Any other connectivity to the Insurance Company Server
- e. PC enabled POS machine with a biometric scanner to read and manage smart card transactions to be purchased at a pre negotiated price from the vendor specified by Insurer. The maintenance of the same shall be responsibility of the vendor specified by Insurer.
- f. A person to man the helpdesk at all times.
- g. Get Two persons in the hospital trained

The above should be installed within 15 days of signing of this agreement. The hospital also needs to inform and train personnel on the handling of POS machine and also on the process of obtaining Authorization for conditions not covered under the list of packages, and have a manned helpdesk at their reception and admission facilities for aiding in the admission procedures for beneficiaries of RSBY Policy.

Article 9:

General responsibilities of Insurer

Insurer has a right to avail similar services as contemplated herein from other institution for the Health services covered under this agreement.

Article 10:

Relationship of the Parties

Nothing contained herein shall be deemed to create between the Parties any partnership, joint venture or relationship of principal and agent or master and servant or employer and employee or any affiliate or subsidiaries thereof. Each of the Parties hereto agree not to hold itself or allow its directors employees/agents/representatives to hold out to be a principal or an agent, employee or any subsidiary or affiliate of the other.

Article 11:

Reporting

In the first week of each month, beginning from the first month of the commencement of this Agreement, the hospital and Insurer shall exchange information on their experiences during the month and review the functioning of the process and make suitable changes whenever required. However, all such changes have to be in writing and by way of suitable supplementary agreements or by way of exchange of letters.

All official correspondence, reporting, etc pertaining to this Agreement shall be conducted with Insurer at its corporate office at the address _____.

Article 12:

Termination

1. Insurer reserves the right to terminate this agreement by giving 30 days notice if:
 - 1.1 The Hospital violates any of the terms and conditions of this agreement; or
 - 1.2 Insurer comes to know of wrong and fraudulent practices; or
 - 1.3 Insurer observes cases of overstay and over provisioning without adequate explanation.
2. This Agreement may be terminated by either party by giving one month's prior written notice by means of registered letter or a letter delivered at the office and duly acknowledged by the other, provided that this Agreement shall remain effective thereafter with respect to all rights and obligations incurred or committed by the parties hereto prior to such termination.
3. Either party reserves the right to inform public at large along with the reasons of termination of the agreement by the method which they deem fit.

Article 13:

Confidentiality

This clause shall survive the termination/expiry of this Agreement.

1. Each party shall maintain confidentiality relating to all matters and issues dealt with by the parties in the course of the business contemplated by and relating to this agreement. The Hospital shall not disclose to any third party, and shall use its best efforts to ensure that its, officers, employees, keep secret all information disclosed, including without limitation, document marked confidential, medical reports, personal information relating to insured, and other unpublished information except as maybe authorized in writing by Insurer. Insurer shall not disclose to any third party and shall use its best efforts to ensure that its directors, officers, employees, sub-contractors and affiliates keep secret all information relating to the hospital including without limitation to the hospital's proprietary information, process flows, and other required details.

2. In Particular the hospital agrees to:

a) Maintain confidentiality and endeavour to maintain confidentiality of any persons directly employed or associated with health services under this agreement of all information received by the hospital or such other medical practitioner or such other person by virtue of this agreement or otherwise, including Insurer's proprietary information, confidential information relating to insured, medicals/test reports whether created/handled/delivered by the hospital. Any personal information relating to a Insured received by the hospital shall be used only for the purpose of inclusion/preparation/finalization of medical reports/test reports for transmission to Insurer only and shall not give or make available such information/any documents to any third party whatsoever.

b) Keep confidential and endeavour to maintain confidentiality by its medical officer, employees, medical staff, or such other persons, of medical reports relating to Insured, and that the information contained in these reports remains confidential and the reports or any part of report is not disclosed/ informed to the Insurance Agent / Advisor under any circumstances.

c) Keep confidential and endeavour to maintain confidentiality of any information relating to Insured, and shall not use the said confidential information for research, creating comparative database, statistical analysis, or any other studies without appropriate previous authorization from Insurer and through Insurer from the Insured.

Article 14:

Indemnities and other Provisions

1. Insurer will not interfere in the treatment and medical care provided to its beneficiaries. Insurer will not be in any way held responsible for the outcome of treatment or quality of care provided by the provider.
2. Insurer shall not be liable or responsible for any acts, omission or commission of the Doctors and other medical staff of the hospital and the hospital shall obtain professional indemnity policy on its own cost for this purpose. The Hospital agrees that it shall be responsible in any manner whatsoever for the claims, arising from any deficiency in the services or any failure to provide identified service

3. Notwithstanding anything to the contrary in this agreement neither Party shall be liable by reason of failure or delay in the performance of its duties and obligations under this agreement if such failure or delay is caused by acts of God, Strikes, lock-outs, embargoes, war, riots civil commotion, any orders of governmental, quasi-governmental or local authorities, or any other similar cause beyond its control and without its fault or negligence.
4. The hospital will indemnify, defend and hold harmless the Insurer against any claims, demands, proceedings, actions, damages, costs, and expenses which the company may incur as a consequence of the negligence of the former in fulfilling obligations under this Agreement or as a result of the breach of the terms of this Agreement by the hospital or any of its employees or doctors or medical staff.

Article 15:
Notices

All notices, demands or other communications to be given or delivered under or by reason of the provisions of this Agreement will be in writing and delivered to the other Party:

- a) By registered mail;
- b) By courier;
- c) By facsimile;

In the absence of evidence of earlier receipt, a demand or other communication to the other Party is deemed given

- Ø If sent by registered mail, seven working days after posting it; and
- Ø If sent by courier, seven working days after posting it; and
- Ø If sent by facsimile, two working days after transmission. In this case, further confirmation has to be done via telephone and e-mail.

The notices shall be sent to the other Party to the above addresses (or to the addresses which may be provided by way of notices made in the above said manner):

-if to the hospital:

Attn:

Tel :

Fax:

-if to _____

_____ insurance Company Limited

Article 16
Miscellaneous

1. This Agreement together with any Annexure attached hereto constitutes the entire Agreement between the parties and supersedes, with respect to the matters regulated herein ,and all other mutual understandings, accord and agreements, irrespective of their form between the parties. Any annexure shall constitute an integral part of the Agreement.
2. Except as otherwise provided herein, no modification, amendment or waiver of any provision of this Agreement will be effective unless such modification, amendment or waiver is approved in writing by the parties hereto.
3. Should specific provision of this Agreement be wholly or partially not legally effective or unenforceable or later lose their legal effectiveness or enforceability, the validity of the remaining provisions of this Agreement shall not be affected thereby.
4. The hospital may not assign, transfer, encumber or otherwise dispose of this Agreement or any interest herein without the prior written consent of Insurer, provided whereas that the Insurer may assign this Agreement or any rights, title or interest herein to an Affiliate without requiring the consent of the hospital.
5. The failure of any of the parties to insist, in any one or more instances, upon a strict performance of any of the provisions of this Agreement or to exercise any option herein contained, shall not be construed as a waiver or relinquishment of such provision, but the same shall continue and remain in full force and effect.
6. The hospital will indemnify, defend and hold harmless the Insurer against any claims, demands, proceedings, actions, damages, costs, and expenses which the latter may incur as a consequence of the negligence of the former in fulfilling obligations under this Agreement or as a result of the

breach of the terms of this Agreement by the hospital or any of its employees/doctors/other medical staff.

7. Law and Arbitration

- i. The provisions of this Agreement shall be governed by, and construed in accordance with Indian law.
- ii. Any dispute, controversy or claims arising out of or relation to this Agreement or the breach, termination or invalidity thereof, shall be settled by arbitration in accordance with the provisions of the (Indian) Arbitration and Conciliation Act, 1996.
- iii. The arbitral tribunal shall be composed of three arbitrators, one arbitrator appointed by each Party and one another arbitrator appointed by the mutual consent of the arbitrators so appointed.
- iv. The place of arbitration shall be _____ and any award whether interim or final, shall be made, and shall be deemed for all purposes between the parties to be made, in _____.
- v. The arbitral procedure shall be conducted in the English language and any award or awards shall be rendered in English. The procedural law of the arbitration shall be Indian law.
- vi. The award of the arbitrator shall be final and conclusive and binding upon the Parties, and the Parties shall be entitled (but not obliged) to enter judgement thereon in any one or more of the highest courts having jurisdiction.
- vii. The rights and obligations of the Parties under, or pursuant to, this Clause including the arbitration agreement in this Clause, shall be governed by and subject to Indian law.
- viii. The cost of the arbitration proceeding would be born by the parties on equal sharing basis.

NON – EXCLUSIVITY

A. Insurer reserves the right to appoint any other provider for implementing the packages envisaged herein and the provider shall have no objection for the same.

8. Severability

The invalidity or unenforceability of any provisions of this Agreement in any jurisdiction shall not effect the validity, legality or enforceability of the remainder of this Agreement in such jurisdiction or the validity, legality or enforceability of this Agreement, including any such provision, in any other jurisdiction, it being intended that all rights and obligations of the Parties hereunder shall be enforceable to the fullest extent permitted by law.

9. Captions

The captions herein are included for convenience of reference only and shall be ignored in the construction or interpretation hereof.

SIGNED AND DELIVERED BY the hospital.- the
within named _____, by the Hand of
_____ its Authorised Signatory

In the presence of:

SIGNED AND DELIVERED BY
_____ INSURANCE
COMPLAY LIMITED, the within named
_____, by the hand of
_____ it's Authorised Signatory

In the presence of:

Annexure I

Hospital Services- Admission Procedure

Case 1: Package covered and sufficient funds available

- 1.1 Beneficiary approaches the RSBY helpdesk at the network hospital of Insurer.
- 1.2 Helpdesk verifies that beneficiary has genuine card issued under RSBY (Key authentication) and that the person carrying the card is enrolled (fingerprint matching).
- 1.3 After verification, a slip shall be printed giving the person's name, age and amount of Insurance cover available.
- 1.4 The beneficiary is then directed to a doctor for diagnosis.
- 1.5 Doctor shall issue a diagnosis sheet after examination, specifying the problem, examination carried out and line of treatment prescribed.
- 1.6 The beneficiary approaches the RSBY helpdesk along with the diagnostic sheet.
- 1.7 The help desk shall re-verify the card & the beneficiary and select the package under which treatment is to be carried out. Verification is to be done preferably using patient fingerprint, only in situations where it is not possible for the patient to be verified, it can be done by any family member enrolled in the card.
- 1.8 In case the treatment is covered, beneficiary may claim the transport cost from the help desk by submitting ticket/ receipt for travel
- 1.9 The terminal shall automatically block the corresponding amount on the card.
- 1.10 In case during treatment, requirement is felt for extension of package or addition of package due to complications, the patient or any other family member would be verified and required package selected. This would ensure that the Insurance company is appraised of change in claim. The availability of sufficient funds is also confirmed thereby avoiding any such confusion at time of discharge.

1.11 Thereafter, once the beneficiary is discharged, the beneficiary shall again approach the helpdesk with the discharge summary.

1.12 After card & beneficiary verification, the discharge details shall be entered into the terminal.

1.13 In case treatment of one family member is under way when the card is required for treatment of another member, the software shall consider the insurance cover available after deducting the amount blocked against the package.

1.14 Due to any reason if the beneficiary does not avail treatment at the hospital after the amount is blocked the RSBY helpdesk would need to unblock the amount.

Case 2: In case of packages not covered under the scheme

2.1 Hospital shall take Authorization from Insurance companies in case of package not covered under the RSBY scheme.

2.2 Steps from 1.1.1 to 1.1.6

2.3 In case the line of treatment prescribed is not covered under RSBY, the helpdesk shall advise the beneficiary accordingly and initiate approval from Insurer manually (authorization request).

2.4 The hospital will fax to Insurer a pre-authorization request. Request for hospitalization on behalf of the beneficiary may be made by the hospital hospital/consultant attached to the hospital as per the prescribed format. The preauthorization form would need to give the beneficiary's proposed admission along with the necessary medical details and the treatment planned to be administered and the break up of the estimated cost.

2.5 Insurer shall either approve or reject the request. In case Insurer approves, they will also provide the AL (authorization letter) number and amount authorized to the hospital via return fax. Authorization certificate will mention the amount guaranteed class of admission, eligibility of beneficiary or various sub limits for rooms and board, surgical fees etc. wherever applicable, as per the benefit plan of the insured. Hospital must take care to ensure admission accordingly.

2.6 On receipt of approval the RSBY helpdesk would manually enter the amount and package details (authorization ID) into the helpdesk device. The device would connect to the server on-line for verification of the authorization ID. The server would send the confirmation (denial/approval) to the helpdesk device.

Steps 1.1.8 to 1.1.15

Case 3: In case of in-sufficient funds

In case the amount available is less than the package cost, the hospital shall follow the norms of deposit / running bills.

Steps from 1.1.1 to 1.1.7

3.1 In case of insufficient funds the balance amount could be utilized and the rest of the amount would be paid by the beneficiary after conformance of beneficiary.

3.2 The terminal would have a provision to capture the amount collected from the beneficiary.

Steps from 1.1.8 to 1.1.15.

Qualifying Criteria for the TPAs

1. License:

The TPAs shall be Licensed by IRDA .

2. Year of Operations:

The TPA shall have a minimum TWO years of operation since the registration.

3. Size /Infrastructure:

The TPA shall have covered a Cumulative of 10 million Lives Servicing in past THREE years (2007-08, 2008-09 , 2009-10)

4. MIS:

The TPA shall have experience of working in Information Technology intensive environment.

5. Quality

ISO Certificat ion (ISO 9001:2000) for Quality Process

Qualifying Criteria for Smart Card Service Providers (SCSP)

The Key Eligibility Criteria for empanelment of SCSP would be as follows:

1. Company should have past experience of Execution of at least **1** multiple location citizen centric smart card projects involving Data capture (including Biometrics), Smart Card Personalization, data consolidation and should have issued atleast one Lakh smart cards in each such project – SCSP to provide certificate of satisfactory performance from the customer to this effect
2. SCSP would source SCOSTA certified Smart Cards only and should have a demonstratable arrangement with a Smart card manufacture or their designated organisation for sourcing of RSBY cards.
3. The average annual turnover of SCSP should be **Rs. 4 crore** or more during the last 3 years.
4. The Smart Card service provider should have valid Service Tax Registration, Sales Tax Registration in the territories of operation.
5. SCSP should have applied for ISO 9001:2000 certification for “field operations management, project management and Operations Management” related to Smart Card, at the time of seeking empanelment with MoLE/ getting into agreement with a Insurer/ TPA. However, the deadline for getting this certification may also be prescribed at a later date.
6. In addition to the ISO certificate, the Quality policy of the organisation based on which the certificate has been granted should also be based on the above mentioned criteria. A copy of the Quality Policy document should also be attached.
7. SCSP should also have obtained an ISO 20000 for IT service Management (ITSM) for smart card related services within one year of issuance of these guidelines
8. Demonstrated capability (in front of competent authority) of _
 - a. using the Enrollment software issued by MoLE or their own/ licensed certified software prior to being awarded the contract.
 - b. Data consolidation and transfer to defined server

Annexure 13

Specifications for the Hardware and Software for Empanelled Hospitals

Hardware

- TWO smart card readers with following configuration:
 - 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

- ONE Biometric finger print recognition device with following configuration:
 - 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)
 - Capable of converting Fingerprint image to RBI approved ISO 19794 template.

Software

- Transaction software for Hospitals approved by Ministry of Labour and Employment for RSBY

Maintenance Support

- ONE year warranty for all hardware devices supplied
- Free Service Calls for Software maintenance for 1 years
- Unlimited Telephonic Support

List of Public Hospitals where Hospital Kits need to be Installed

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' (RSBY) for approved beneficiaries 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 cashless 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 approved beneficiaries 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.
- Validation of available insurance cover at point of transaction without any documents
- 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.

This document pertains to the stakeholders, tasks and specifications related to the Smart Card system only. It does not cover any aspect of other parts of the scheme. The stakeholders need to determine any other requirements for completion of the specified tasks on their own even if they may not be defined in this document.

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

2.3. Stakeholders

- a) Ministry of Labour & Employment, GoI (MoLE)
- b) State Department
- c) State Nodal Agency
- d) Selected Insurance company
- e) Smart Card service Provider

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. Finalize a cutoff date for considering final beneficiary data for the issuance of RSBY cards

- 3.1.3. Ensure that the available data passes the validation process given at the RSBY website. In case impure data exists or complete data does not exist, start the process for purification/ completion of this data.
- 3.1.4. Submits the pure data to MoLE in the prescribed format along with the proposal.
- 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 selected insurance company, state & district representatives, 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 full support to the insurance company and their agency at the district and state level for smooth enrollment, card issuance and transactions at hospitals
- 3.6. Ensure availability of smart card devices & computers for issuance of FKO Card & maintenance of FKO card data.
- 3.7. Ensure download of personalisation data from FKO cards at regular intervals to use this data for reconciliation of premium demand from insurance company.
- 3.8. Ensure keeping a track of FKO cards issued, recharged and returned.
- 3.9. Personalise & issue the District kiosk card. The personalization counter in the District kiosk card needs to be low as it needs to be used only for the following purposes. Issuance of new cards without presence of Government official with a corresponding field key authority card is not permitted. Hence, the DKMA needs to keep a track of cards reissued/ split at the time of re-initialising the counter on the District kiosk card.
 - 3.9.1. Issuance of duplicate card in case of card loss
 - 3.9.2. Issuance of split card
 - 3.9.3. Card modification.

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

The insurance company would carry out its activities related to issuance of smart cards and enable transactions at hospitals in conformity to defined specifications and guidelines. The scope of their role is defined but not limited to points below:

- 4.1. Have a firm tie up with service provider for the following activities. The insurance co should define the responsibility for each activity and provide details of contact person

responsible for each of these to the state nodal agency. It is for the insurance company to decide whether all activities may be carried out by a single agency or multiple agencies including in-house teams.

- 4.1.1. Set up District office
- 4.1.2. Ensure availability of server to hold district wise RSBY data pertaining to both enrollment & transactions
- 4.1.3. Ensure availability of validated data prior to enrollment
- 4.1.4. Configure the data received as per specifications for enrollment
- 4.1.5. Ensure availability of certified software for enrollment and transactions as well as the district server activities. The software should conform to the specifications on our website www.rsby.in
- 4.1.6. Roster creation for enrollment with support of district authorities
- 4.1.7. Beneficiary enrollment & smart card issuance as per process defined in the RSBY manual
- 4.1.8. Ensure quality of smart card and it's printing as per defined in tender document. The cards should be handed over in a plastic cover.
- 4.1.9. Dispatch of enrollment data to MoLE in prescribed format for backend database within the agreed time frame.
- 4.1.10. 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, it is the insurance company's responsibility to ensure reissuance of cards.
- 4.1.11. Provide training to beneficiaries on usage & features of smart cards at the time of card issuance
- 4.1.12. Provide training to hospital designated officials, government staff & other non government organizations as required on features of the smart card based system & usage of devices
- 4.1.13. Supply & maintenance of smart card devices as per specifications given in this document.
- 4.1.14. Provide easily understandable user guides & manuals in local language, english & pictorial format with simple troubleshooting tips with every smart card device
- 4.1.15. Provide a free of cost facility for card balance read & print for the beneficiary
- 4.1.16. Ensure smooth transfer of data from hospitals to district server of insurance company. Further transfer this transaction data in the prescribed format to MoLE at the agreed intervals.

- 4.1.17. Set up the district kiosk for modification and reissuance of cards at the district level in case of
 - 4.1.17.1. lost or damaged card
 - 4.1.17.2. splitting of cards (2 cards for the family)
 - 4.1.17.3. Addition of members from data on the server to the issued card in case all 5 members were not enrolled at the time of card issuance.
- 4.2. Set up a helpline for addressing any device or card related queries or problems faced by beneficiaries, hospital staff and insurance companies at the district level.
- 4.3. Provide a district wise plan for enrollment, empanelment of hospitals and device maintenance at the time of signing the contract with the state government.
- 4.4. Provide a business continuity plan for conducting transactions at hospitals

5. Process

Please check the RSBY manual for detailed process and requirements.

6. Enrollment station

6.1. Components

Though three separate kinds of stations have been mentioned below, it is possible to club all these functionalities into a single workstation or have a combination of workstations perform these functionalities (2 or more enrollment stations, 1 printing station and 1 issuance station). The number of stations will be purely dependent on the load expected at the location.

6.1.1. Enrollment station components

- Computer with power backup for at least 8 hours
- Optical biometric scanner for fingerprint capture
- VGA camera for photograph capture
- 1 PCSC compliant smart card reader (optional)
- Data backup facility
- Licensed system software
- Certified enrollment, personalisation & issuance software

6.1.2. Personalisation station components

- Computer with power backup for at least 8 hours
- 1 PCSC compliant smart card readers
- Smart card printer with smart card encoder
- Data backup facility

- Licensed system software
- Certified enrollment, personalisation & issuance software

6.1.3. Issuance station components

- Computer with power backup for at least 8 hours
- 3 PCSC compliant smart card readers (1 for FKO card, 1 for Beneficiary card, 1 for Split card)
- 1 Fingerprint scanner (for verification of FKO & beneficiary)
- Data backup facility
- Licensed system software
- Certified enrollment, personalisation & issuance software

6.2. Specifications for hardware

6.2.1. Computer

- Capable of supporting all devices as mentioned above

6.2.2. Biometric Scanner

-
- 500 ppi optical fingerprint scanner (22 x 24mm)
- 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 19794-2 template.
- Preferably Bio API version 1.1 compliant

6.2.3. Camera

- Sensor: High quality VGA
- Still Image Capture: min 1.3 megapixels (software enhanced). Native resolution is 640 x 480
- Automatic adjustment for low light conditions

6.2.4. Smart Card Reader

- PCSC compliant
- Read and write all microprocessor cards with T=0 and T=1 protocols
-

6.2.5. 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
- Automatic or manual feeder for card loading
- Compatible to microprocessor chip personalisation

Note: 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 above.

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>). 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 or enhanced available EEPROM as per guidelines issued by MoLE.
 - 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.

7.2. Card layout

The detailed visual & machine readable card layout including the background image to be used is available on the website www.rsby.in. It is mandatory to follow these guidelines for physical personalization of the RSBY beneficiary card.

For the chip personalization, detailed specification has been provided in the Enrollment specifications. Along with these NIC has issued specific DLL for

chip personalization. It is mandatory to follow these specifications and use the prescribed DLL.

7.3. Cardholder authentication

- The cardholder would be authenticated based on their finger impression at the time of verification at the time of transaction as well as card reissuance or renewal.
- The authentication is 1:1 i.e. the fingerprint captured live of the member is compared with the one stored in the smart card.
- In case of new born child, when maternity benefit is availed under RSBY, the child shall be authenticated through fingerprint of any of the enrolled members on the card.
- In case of fingerprint verification failure, verification by any other authentic document or the photograph in the card may be done at the time of admission. By the time of discharge, the hospital/ smart card service provider should ensure verification using the smart card.

7.3.1. Generation of Unique Relationship Number:

A 17 digit Unique Relation Number (URN) would be issued to all customers across India.

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 across India have been issued as part of the specifications. .

8. Software

It is the responsibility of the Insurance company or their service provider to provide for a district server software and a certified enrollment and transaction software as per specifications provided on our website <http://www.rsby.in/rsbynew.aspx?ID=3>

It is also the responsibility of the Insurance company to provide the output data from enrollment and transaction to the MoLE in the specified format.

9. Mobile Handheld Smart Card Device

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 or a permanent power source for transacting.

These devices could be used for

- Renewal of policy when no modification is required to the card
- Offline verification and transacting at hospitals or mobile camps in case computer is not available.

The main features of these devices are:

- Reading and updating microprocessor smart cards
- Fingerprint verification
- 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 and over phone line
- Rechargeable batteries

Specifications

- At least 2 Full size smart card reader
- Display
- Keypad for functioning the application
- Integrated Printer
- Optical biometric verification capability.
 - Fast verification time
 - Allowing 1:1 search in the biometric module
 - ISO 19794 – 2 compliant verification.
- Capability to connect to PC, telephone, modem or any other mode of data transfer

10. PC based Smart Card Device

Where Computers are being used for transactions, additional devices would be attached to these computers. The computer would be loaded with the certified transaction software. The devices required for the system would be

10.1. Optical biometric scanner for fingerprint verification

- Thin optical sensor
- Minimum 500 ppi @ 8bit per pixel
- Active area: 13mm x 20mm
- 1:1 search
- Tunable false acceptance rate

10.2. Smart card readers

2 Smart card readers would be required for each device, One each for hospital authority and beneficiary card

- PCSC compliant
- Read and write all microprocessor cards with T=0 and T=1 protocols

Other devices like printer, modem, etc may be required as per software. The same would be specified by the insurance company at the time of empanelling the hospital.

Guidelines for the RSBY District Kiosk and District Server

The insurance company will setup and operationalize the **district kiosk** and **district server** in all the project districts within 15 days of signing the contract with the State government.

1. District Kiosk

The district kiosk will be setup by the insurance company in all the project districts.

1.1. **Location of the district kiosk:** The district kiosk is to be located at the district headquarters. The State government may provide a place at the district headquarters to the insurance company to setup the district kiosk. It should be located at a prominent place which is easily accessible and locatable by beneficiaries. Alternatively, the insurance company can setup the district kiosk in their own district office.

1.2. **Specifications of the district kiosk:** The district kiosk should be equipped with at least the following hardware and software (according to the specifications provided by the Government of India),

1.2.1. Hardware components:

Computer (1 in number)	<ul style="list-style-type: none"> ▪ This should be capable of supporting all other devices required. ▪ It should be loaded with standard software as per specifications provided by the MoLE.
Fingerprint Scanner / Reader Module (1 in number)	<ul style="list-style-type: none"> ▪ Thin optical sensor ▪ 500 ppi optical fingerprint scanner (22 x 24mm) ▪ 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 19794-2 template. ▪ Preferably Bio API version 1.1 compliant
Camera (1 in number)	<ul style="list-style-type: none"> ▪ 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
Smartcard Readers (2 in number)	<ul style="list-style-type: none"> ▪ PC/SC 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 ▪ PC/SC compatible Drivers
Smart card printer (1 in number)	<ul style="list-style-type: none"> ▪ Supports Color 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 color and up to 1000 cards an

	<p>hour in monochrome</p> <ul style="list-style-type: none"> ▪ Minimum Printing resolution of 300 dpi ▪ Compatible with Windows / Linux ▪ Automatic or manual feeder for Card Loading ▪ Compatible to Microprocessor chip personalization
Telephone Line (1 in number)	<ul style="list-style-type: none"> ▪ This is required to provide support as a helpline
Internet Connection	<ul style="list-style-type: none"> ▪ This is required to upload/send data

1.2.2. Software components:

Operating System	<ul style="list-style-type: none"> ▪ Vendor can adapt any OS for their software as long as it is compatible with the software
Database	<ul style="list-style-type: none"> ▪ Vendor shall adapt a secure mechanism for storing transaction data
System Software	<ul style="list-style-type: none"> ▪ District Server Application Software <ul style="list-style-type: none"> • For generation of URN • Configuration of enrollment stations • Collation of transaction data and transmission to state nodal agency as well as other insurance companies ▪ Beneficiary enrollment software ▪ Card personalization and issuance software ▪ Post issuance modifications to card ▪ Transaction system software <p>[NOTE: 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.]</p>

1.2.3. Smart card: The card issuance system should be able to personalize a 32KB NIC certified SCOSTA smart card for the RSBY scheme as per the card layout.

In addition to the above mentioned specifications, a **district kiosk card** (issued by the MoLE) should be available at the district kiosk.

1.3. Purpose of the district kiosk: The district kiosk is the focal point of activity at the district level, especially once the smart card is issued (i.e. post-issuance). Re-issuing lost cards, card splitting and card modification are all done at the district kiosk. Detailed specifications are available in the Enrollment specifications. It should be ensured that in a single transaction only one activity/ updation should be carried out over the card i.e., there should not be a combination of card reissuance + modification or modification + split or reissuance + split. The district kiosk would also enable the business continuity plan in case the card or the devices fail and electronic transactions cannot be carried out. Following will be the principal functions of a district kiosk:

1.3.1. **Re-issuance of a card:** This is done in the following cases,

1.3.1.1. **The card is reported as lost or missing** through any of the channels mentioned by the smart card vendor/insurance company, or, **the card is damaged.**

1.3.1.1.1. At the district kiosk, based on the URN, the current Card serial number will be marked as hot-listed in the backend to prevent misuse of the lost/missing/damaged card.

1.3.1.1.2. The existing data of the beneficiary – including photograph, fingerprint and transaction details – shall be pulled up from the district server, verified by the beneficiary and validated using the beneficiary fingerprints.

1.3.1.1.3. The beneficiary family shall be given a date (based on SLA with state government) when the reissued card may be collected.

1.3.1.1.4. It is the responsibility of the insurance company to collate transaction details of the beneficiary family from their central server (to ensure that any transactions done in some other district are also available)

1.3.1.1.5. Card should be personalised with details of beneficiary family, transaction details and insurance details within the defined time using the District Kiosk Card (MKC) for key insertion.

1.3.1.1.6. The cost of the smart card would be paid by the beneficiary at the district kiosk, as prescribed by the nodal agency in the contract.

1.3.2. **Card splitting:** Card splitting is done to help the beneficiary to avail the facilities simultaneously at two diverse locations i.e. when the beneficiary wishes to split the insurance amount available on the card between two cards. The points to be kept in mind while performing a card split are:

1.3.2.1. The beneficiary needs to go to the district kiosk for splitting of card in case the card was not split at the time of enrollment.

1.3.2.2. The existing data including text details, images and transaction details shall be pulled up from the district server. (**Note: Card split may be carried out only if there is no blocked transaction currently on the card.**)

1.3.2.3. The fingerprints of any family member shall be verified against those available in card.

1.3.2.4. The splitting ratio should be confirmed from the beneficiary. Only currently available amount (i.e. amount insured – amount utilized) can be split between the two cards. The insured amount currently available in the main card is modified.

1.3.2.5. The cost of the additional smart card needs to be paid by the beneficiary at the district kiosk, as prescribed by Nodal Agency at the time of contract.

1.3.2.6. The beneficiary's existing data, photograph, fingerprint and transaction details shall be pulled up from the district server and a fresh card (add-on

card) will be issued immediately to the beneficiary family. Both cards would have details of all family members.

1.3.2.7. The existing card will be modified and add on card issued using the MKC card

1.3.2.8. Fresh and modified data shall be uploaded to the central server as well.

1.3.3. **Card modifications:** This process is to be followed under the following circumstances,

- Only the head of the family was present at the time of enrollment and other family members need to be enrolled to the card, or, in case all or some of the family members are not present at the enrollment camp.
- In case of death of any person enrolled on the card, another family member from the same BPL list and other non-BPL beneficiary list (if applicable) is to be added to the card.

There are certain points to be kept in mind while doing card modification:

1.3.3.1. Card modification can only be done at the district kiosk of the same district where the original card was issued.

1.3.3.2. In case a split card was issued in the interim, both the cards would be required to be present at time of modification.

1.3.3.3. Card modification during the year can only happen under the circumstances already mentioned above.

1.3.3.4. 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 name, age and gender may be done.

1.3.3.5. A new photograph of the family may be taken (if all the members are present or the beneficiary family demands it).

1.3.3.6. Fingerprint of additional members needs to be captured.

1.3.3.7. Data of family members has to be updated on the chip of the card.

1.3.3.8. The existing details need to be modified in the database (local and central server).

1.3.3.9. The existing card will be modified using the MKC card

1.3.4. **Transferring manual transactions to electronic system**

1.3.4.1. In case transaction system, devices or card fails at the hospital, the hospital would inform the District kiosk and complete the transaction manually

1.3.4.2. Thereafter the card and documents would be sent across to the District Kiosk by the hospital

1.3.4.3. The district kiosk needs to check the reason for transaction failure and accordingly take action

1.3.4.4. In case of card failure

- 1.3.4.4.1. The card should be checked and in case found to be non-functional, the old card is to be hotlisted and a new card re-issued as in the case of duplicate card.
- 1.3.4.4.2. The new card should be updated with all the transactions as well
- 1.3.4.5. In case of software or device failure, the device or software should be fixed/ replaced at the earliest as per the SLA
- 1.3.4.6. The district kiosk should have the provision to update the card with the transaction.
- 1.3.4.7. The database should be updated with the transaction as well
- 1.3.4.8. The card should be returned to the Hospital for handing back to the beneficiary

2. District Server

The district server is responsibility of the insurance company and is required to:

- Set up and configure the BPL data for use at the enrollment stations
- Collate the enrollment data including the fingerprints and photographs and send it on to MoLE periodically
- Collate the transaction data and send it on to MoLE periodically
- Ensure availability of enrolled data to District kiosk for modifications, etc at all times

2.1. Location of the district server: The district server may be co-located with the district kiosk or at any convenient location to enable technical support for data warehousing and maintenance.

2.2. Specifications of the district server: The minimum specifications for a district server have been given below, however the Insurance cos IT team would have to arrive at the actual requirement based on the data sizing.

CPU	▪ Intel Pentium 4 processor (2 GHz), 4 GB RAM, 250 GB HDD [Note: As per actual usage, additional storage capacity may be added.]
Operating System	▪ Windows 2003
Database	▪ SQL 2005 Enterprise Edition

3. Responsibilities of the Insurance Company / Smart Card Service Provider with respect to District Kiosk and District Server:

- 3.1.1. The insurance company needs to plan, setup and maintain the district server and district kiosk as well as the software required to configure the validated BPL data for use in the enrollment stations.

- 3.1.2. Before enrolment, the insurance company / service provider will download the certified BPL data from the RSBY website and would ensure that the complete, validated beneficiary data for the district is placed at the district server and that the URNs are generated prior to beginning the enrollment.
- 3.1.3. The enrollment kits should contain the validated beneficiary data for the area where enrollment is to be carried out.
- 3.1.4. The beneficiary and members of PRI should be informed at the time of enrollment about the location of district kiosk and its functions.
- 3.1.5. The insurance company needs to install and maintain the devices to read and update smart cards at the district kiosk and the empanelled hospitals. While the insurance company owns the hardware at the district kiosk, the hospital owns the hardware at the hospital.
- 3.1.6. It is the insurance company's responsibility to ensure in-time availability of the software(s) required, at the district kiosk and the hospital, for issuing Smart cards and for the usage of smart card services. All software(s) must conform to the specifications laid down by MoLE. Any modifications to the software(s) for ease of use by the insurance company can be made only after confirmation from MoLE. All software(s) would have to be certified by a competent authority as defined by MoLE.
- 3.1.7. It is the responsibility of the service provider to back up the enrollment and personalization data to the district server. This data (including photographs and fingerprints) will thereafter be provided to the MoLE in the prescribed format.
- 3.1.8. It is the responsibility of the Insurance co or their service provider to set up a helpdesk and technical support centre at the district. The helpdesk needs to cater to beneficiaries, hospitals, administration and any other interested parties. The technical support centre is required to provide technical assistance to the hospitals for both the hardware & software. This may be co-located with the District Kiosk.

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