



Rajasthan State Health Assurance Agency
SwasthyaBhawan, TilakMarg, Jaipur

No.F1008()/NHM/BSBY/ New RFP/2016-17/ 981

Dated: 30/08/17

Addendum No.2

Pre-proposal conference on the RFP of BhamashahSwasthyaBimaYojana was held on 23rd August, 2017 on scheduled time 1100 hrs in room no. 311 of SwasthyaBhawan. In the conference all four Public Sector Insurance Companies participated. The changes reflected in the RFP are tabulated as below:-

S. N	Clause no.	Clarifications/addition/amendments
1	Empanelment and its guidelines 1.3.1, 1.3.4,1.8,1.11.6 and 1.24.2	<u>Clarification</u> <ul style="list-style-type: none">• Empanelment guidelines will be issued separately.• Grading of hospitals is not envisaged under the Scheme.
2	Family definition Ref: Clause 1.3.5	<u>Addition</u> <ul style="list-style-type: none">• New borne will be identified by her Mother's Name/TID.• Newly wed lady will only be covered after she gets her name linked with ID card of her husband family but if her parent family is NFSA and premium has already been given for the same, she will be covered from her parent's family card till the time she gets her name removed from this card.
3	Corpus Fund Ref: Clause 1.10	<u>Amendment</u> <p>In case the wallet of the beneficiary gets exhausted beyond the limit of Rs. 30,000/- and/or Rs. 3.00 lakh then extra amount required for the treatment will be paid to the network hospitals by the Insurer as per the guidelines laid down by SHAA and this extra amount will be reimbursed to the Insurer at the end of every quarter from the corpus found maintained by SHAA subject to submission of bills by Insurer.</p>
4	Identification of the patient Ref: Clause 1.13.4	<u>Addition</u> <ul style="list-style-type: none">• Aadhar verification is not mandatory under the Scheme.• Scheme guidelines will take adequate care that the identification of the patient other than Aadhar would involve verification through valid photo ID proofs.
5	TID generation and relaxation of 72 hrs in	<u>Addition</u> <p>Immediate generation of TID means a reasonable time lag,</p>



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	emergency cases Ref: Clause 1.13.5	which means generation of TID on the same day of admission as there can be cases when net/ server is down, SM is not available or any other reason.
6	Claim submission in 7 days of discharge Ref: Clause 1.14.1.1,2	Amendment Claim will be submitted within next 3 days of discharge of the patient however; in exceptional cases like natural disaster and law & order period can be extended for affected period subject to justification to Insurer about the reasons of delay at the time of submission. Remaining conditions shall remain the same.
7	Pre_auth approval time of 12 hours Ref: Clause 1.14.1.2 IV	Amendment Pre-auth approval time limit is extended to 24 hours. In case of dialysis, chemotherapy, radiotherapy and thalassemia when patient comes for second time Insurer shall accord pre_auth approval within 2 hours of request otherwise it will be taken as deemed approval.
8	Claim approval and payments Ref: Clause 1.14.2 (IV) (time in claim settlement) Penalty clause 1.28.1(point 6 in table)	Amendment In case of query, the Insurer will settle the claim within 5 days of last query answered or 14 days of submission of the claim whichever is later. If there is delay on the part of Insurer beyond the timelines mentioned in agreement, the insurer shall pay interest at a rate, which is 2% above bank rate.
9	Re-opening of rejected claims Ref: Clause 1.16.2(re-opening of claims)	Amendment JCEO will decide the dispute with the help of experts in consultation with the Insurer and if decided for re-opening the rejected case then it will be re-opened within 7 days of decision and will be processed as per clause 1.14. While deciding about the re-opening cases; no additional document will be considered other than already submitted documents by the hospital on IT portal.
10	Grievance Redressal under	Clarification



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	the Scheme Ref: Clause 1.23.1	Detailed guidelines will cover the Grievance Redressal under the Scheme.
11	Inspection, penalty and de- empanelment of Hospitals Ref: Clause 1.25 1.25.9 (II)	Clarification De-empanelment is a separate clause and Insurer may initiate the process of de-empanelment irrespective of penalty clause for the hospitals provided hospital is found to be indulged in corrupt and fraud practices. Addition Claims once settled can not be taken as basis for ascertaining fraud or penalty as mentioned in clause 1.25. Only claims under process may be considered for ascertaining the fraud/ penalty. Amendment Clause 1.25.9 (II) will be as follows:- Hospital found indulged in incidences of corrupt and fraudulent practices.
12	Payment of Premium Ref: Clause 1.26	Clarification Section 64 VB also says for guarantee of premium and in RFP document premium has already guaranteed therefore no change is proposed.
13	Refund of Premium 1.27	Clarification It is clarified that the admin cost would be as per actuals with an upper capping of maximum upto 7% subject to audit.
14	Bid Security and Performance Security Ref: Clause 2.1.13, 2.1.14	Addition w.r.t. clause 2.1.14 Bidders are suggested with form of bid securing declaration as per rule 42 (3) of RTPP rules 2013 and performance security declaration as per rule 75 (4) of RTPP rules 2013 which they will provide on their letter head with necessary documents as mentioned at clause 2.11.2.
15	Clause 2.11.2 Necessary documents with proposal	Clarification and amendment All the documents will be submitted in scanned format on e-proc website and in hard copy as per point (f). Certificates mentioned at Annexure 6 in support of



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		Technical and financial capacity may be submitted by authorization of Regional Head of the Insurance Company alongwith certified Balance Sheet.
16	Arbitration Ref: Clause 6.8.1	Clarification Arbitration clause of RFP envisages compliance of Arbitration Act, 1996. Arbitration will be as per this Act only.
17	Annexure V (A and B)	Amendment Changes made are enclosed at Ann. A
18	New Addition	In case of multiple packages taken for the same patient in one hospitalization, highest package will be paid in full to the hospitals and all subsequent packages will paid 75% of the package cost. However; in case of packages related to blood transfusion and packages which involves purely medicines will be paid in full in all cases.

Changes as above will be reflected in the RFP and later on agreement.


(B. L. Kothari)
Additional CEO, SHAA

Ann. A

1. In the list of Secondary packages at S. No. 386 Casearean delivery- First will be read as Cesarean delivery.
2. In the list of Secondary packages at S. No. 435 rates of Oophrectomy + - Hysterectomy - abdominal* are revised from Rs. 11,000/- to Rs. 13,500/-.
3. In the list of Secondary packages at S. No. 438 rates of Hysterectomy (Abdominal - and Vaginal) + Pelvic Floor Repair* are revised from Rs. 12,000/- to Rs. 15,000/-.
4. From the list of Tertiary packages at S. No. 619 disease package TURP is shifted to Secondary packages. Package rate of this package is reduced from Rs. 21,000 to Rs. 11,500/-.
5. Following three packages from Secondary list are being reserved for private hospitals only:-

S. No.	Package Name	Category	Rates
397	Puerperal Sepsis	Secondary	5500
409	Exploration of PPH-tear repair	Secondary	3400
452	Brace Suture in PPH-Abdominal Route	Secondary	15000

6. In case of multiple packages taken for the same patient in one hospitalization, highest package will be paid in full to the hospitals and all subsequent packages will paid 75% of the package cost. However; in case of packages related to blood transfusion and packages which involves purely medicines will be paid in full in all cases.

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30/8/17