

Deen Dayal Swasthya Seva Yojana (DDSSY)

*A Scheme To Provide Health Insurance Coverage
For Resident Population Of Goa*

DIRECTORATE OF HEALTH SERVICES.

Directorate of Health Services Government of Goa



“DEEN DAYAL SWASTHYA SEVA YOJANA”

Ammended RFP

*For Selection of Insurer for Rollout of “Deen Dayal Swasthya
Seva Yojana(DDSSY) “Scheme across the State.*

Table of Contents

Sr.No	Topics	Pg No
I	Abbreviations	4
II	Tender Notice	5
III	Tender Document	7
1	About the scheme	8
2	Guidelines for Empanelment of Hospitals	12
3	Payment of Premium and Registration charges	12
4	Period of Insurance	14
5	Procedure for Enrolment of DDSSY – Annexure -13	14
6	Cashless Transactions-Annexure-10	14
7	Deen Dayal Swasthya Seva Yojana Kendra – DDSSYK operation and Services Provided	15
8	Documents to be submitted – Annexure -6	17
9	Procedure for Services rendered at DDSSYK- Annexure - 14	17
10	Procedure for raising claims at hospitals - Annexure - 15	17
11	Mechanism for issuance of Cards	17
12	Scope of Work of Insurer – Annexure - 16	17
13	Scope of Work of GEL - Annexure - 17	17
14	Scope of DHS	17
15	Functionalities of Insurers Software – Annexure -18	18
16	Functionalities of GEL Software - Annexure - 19	18
17	Tender Terms and Conditions	18
18	Technical Terms and Conditions	19
19	Settlement of Claim and Dispute Resolution	20
20	Penalty Clause and Termination	20
21	Standardization of Formats	21
22	IEC and BCC Interventions	21
23	Capacity Building and Interventions	22
24	Medical Inspections and Audit of Private Hospitals	22
25	Service Arrangements by Insurer	22
26	Criteria for Evaluation of Bid Process	22
27	Award of Contract	23
28	Amendment to bidding document	23
29	Submission of proposal	23
30	Deadline for submission	23
31	Submission of bids/proposals	24
32	Roles and Responsibilities Matrix	26
	Annexure - 1 - IRDA license	
	Annexure - 2 - Declaration by Bidder	
	Annexure - 3 - Undertaking by Bidder for outsourcing Services	
	Annexure - 4 - Previous Experience	
	Annexure - 5 - Procedures in Government Hospitals funded under	

	National/State health schemes.	
	Annexure - 5A - Procedures covered under Government and Private Hospitals	
	Annexure - 5B - Exclusions	
	Annexure - 5C - Grading Mechanism for Hospitals	
	Annexure - 6 - Mandatory Documents	
	Annexure - 7 - List of details of private hospitals empanelled for DDSSY	
	Annexure - 8 - Qualifying criteria for TPA	
	Annexure - 9 - Broad guidelines for empanelment of hospitals	
	Annexure - 10 - Cashless transactions	
	Annexure - 11 - Format for quoting Premium	
	Annexure - 12 - Other Information	
	Annexure - 13 - Procedure for Enrolment of DDSSY	
	Annexure-14 - Procedure for services rendered at DDSSYK.	
	Annexure-15 - Procedure for pre-authorisation and raising claims at Hospitals	
	Annexure-16 - Insurer's Scope of Work	
	Annexure-17 -GEL Scope of work	
	Annexure-18-Functionality of Insurers Software	
	Annexure-19 -Functionality of GEL Software	

ABBREVIATIONS

AIIMS	All India Institute Of Medical Sciences
BCC	Behavioural Change Communication
COD	Commercially Operative Day
CMC	Christian Medical College and Hospital
CPI	Consumer Price Index
DCO	Data Collection Officer
DDSSY	Deen Dayal Swasthya Seva Yojana
DHS	Directorate of Health Services
DDSSYK	Deen Dayal Swasthya Seva Yojana Kendra
DDSSYS	Deen Dayal Swasthya Seva Yojana Sahayak
DeitY	Department of Electronics and Information Technology
FP	Finger Print
GEL	Goa Electronics Ltd.
GMC	Goa Medical College
HI	Hospital Incharge
HSP	Health Service Providers
IEC	Information Education Communication
ICR	Incurred Claim Ratio
IRDA	Insurance Regulatory and Development Authority
JIPMER	Jawaharlal Institute of Postgraduate Medical Education and Research
MOU	Memorandum of Understanding
MIS	Management Information System
NEIGRIHMS	North Eastern Indira Gandhi Regional Institute of Health and Medical Sciences
NIMHANS	National Institute of Mental Health and Neurosciences
OBC	Other Backward Classes
PGIMER	Post Graduate Institute of Medical Education and Research
RC	Ration Card
RFP	Request For Proposal
SC	Smart Card
ST/SC	Schedule Tribes/ Schedule Caste
SCOSTA	Smart Card Operating System For Transport Application Standard For Any Smart Card Application From NIC
SDC	State Data Centre
TPA	Third Party Administrator
VF	Verification Form

NO. DHS/Med/DDSS/15-16

Date: 30-11-2015

TENDER NOTICE**“DEEN DAYAL SWASTHYA SEVA YOJANA”**

(A scheme to provide health insurance coverage for the entire resident population of the State of Goa, Who are residing in Goa for five years and more.)

Competitive Quotations are invited from Insurance Companies (Licensed and Registered with IRDA) dealing with Health Insurance for implementation of “Deen Dayal Swasthya Seva Yojana” for the entire resident population of the State of Goa. The tender document for this may be downloaded from the websites www.tenderwizard.com, www.dhsgoa.gov.in and www.etender.goa.gov.in

The RFP document containing “Technical bid” and “financial bid”, complete in all respect should be uploaded on www.etender.goa.gov.in on or before 30th December 2015 upto 02:30 PM. The bid will be opened as per schedule mentioned below in the presence of the vendors or their representatives who may like to be present at that time. The sale of RFP document will commence on the next date of publication of this RFP notice.

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

SN	Events	Time
1	Uploading of the Revised Tender Document	30 th November 2015
2	Last date for submission of queries	7 th December 2015
3	Last date for reply of queries	15 th December 2015
4	Last date for online submission of the completed bid documents:	30 th December 2015 (up to 2.30 p.m.)
5	Opening of technical bids: (in the conference hall of Directorate of Health Services)	05 th January 2016 (up to 3.30 p.m.)
6	Opening of financial bids:	12 th January 2016 at 3.00 p.m.

Cost of Tender Document: ₹ 15000/-

Cost of Tender Processing Fee: ₹ 1500/-

In case of any queries the same may be referred to:
The Director,
Directorate of Health Services,
Campal, Panaji-Goa.
Phone: 0832-2225540/2225646/2225561
Fax: 0832-2225561
Email: directorhealth_goa@yahoo.co.in

TENDER DOCUMENT
Directorate of Health Services
GOVERNMENT OF GOA

“DEEN DAYAL SWATHYA SEVA YOJANA”

Welfare of the people of the State is the endeavour of any Government and to achieve this end, the social security net requires further strengthening. As a result, the State Government announced “**Deen Dayal Swasthya Seva Yojana**” in its State Budget to provide a health cover through an insurance policy Scheme to the entire resident population of the State. Thus, Health Insurance could be an innovative way of overcoming financial handicaps, improving access to quality medical care and providing financial protection against high medical expenses to the people of the State of Goa.

For effective operation of the scheme, partnership is envisaged between the Insurance Company, public, private sector hospitals and the State. Directorate of Health Services, Government of Goa, will assist the Insurance Company in networking with the Government Hospitals, empanelled private hospitals and nursing homes, 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 with the Government.

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 quotation/proposal in specific format given in the Tender Document.

1. **INFORMATION TO THE BIDDER ABOUT THE SCHEME**

a. **Name:**

The name of the scheme shall be “**DEEN DAYAL SWASTHYA SEVA YOJANA**”

b. **Objective:**

To facilitate and take the medical services to the next level, the State of Goa envisaged the present scheme in order to provide its people quality medical care and treatment of diseases, hospitalization and surgery through Government and private hospitals.

c. **Beneficiaries:**

The scheme is intended to benefit all the resident population of the State of Goa except serving government employees and their dependents. “Resident Population” is defined as a person residing in Goa for 5 or more years. Kindly refer to Annexure 6 to see the list of documents required to be considered as a proof of residence in Goa.

d. **Unit of Enrolment:**

Family for DDSSY is defined as per the family in the Ration Card issued by the Department of Civil Supplies and Consumer Affairs.

The unit of enrolment for this scheme is family. Coverage under the scheme would be provided for all the families. For purpose of scheme, the Head of the Family would require to produce residence proof as per documents mentioned at Annexure 6.

e. **Stakeholders:**

- i) **DHS:** Directorate of Health Services, will implement “Deen Dayal Swasthya Seva Yojana” Scheme to provide health coverage for entire resident population of the State of Goa.
- ii) **Beneficiaries:** All the resident population of the state of Goa. Resident Population is defined as a person residing in Goa for 5 or more years.
- iii) **GEL:** Goa Electronics Ltd, is a Public Sector Undertaking of the state which will conduct camps for registration of beneficiaries for DDSSY.
- iv) **Insurer:** Insurance Company which will provide Health insurance against the risk of incurring medical expenses among individuals, by estimating the overall risk of health care and health system expenses.
- v) **Hospitals:** Empanelled Government Hospitals, Private hospitals, nursing homes etc which will be networked with the insurance Company for providing medical treatment to beneficiaries.

f. Benefits:

The Benefits under this scheme should be provided on a cashless basis to the Beneficiaries up to the limit of their annual coverage, as per details as under:

- The Insurance cover shall be up to ₹ 2.5 lakhs per annum for a family of three or less members and up to ₹ 4 Lakhs for a family of four and more members. The Insurance benefits can be availed individually or collectively by members of the family.
- Pre-existing medical conditions are to be covered from day one, subject to the exclusions given in Annexure 5B.

*Under no case the claim would exceed ₹ 4 lakh annually.

g. The Medical/ Surgical procedures covered:

- A complete list of Medical/Surgical procedures covered under DDSSY is given at Annexure -5A. The Annexure consists of following details:
 - a) List of Procedure reserved for Government Hospitals along with grade wise costing.
 - b) List of procedure to be covered by government and Private Hospitals along with grade wise costing.
 - List of Procedures covered under National/State Government health schemes funding given at Annexure -5.
 - List of procedures excluded from DDSSY given at Annexure 5B.
 - This scheme does not cover private wards in GMC.
 - Insurer will empanel laboratories for providing cashless diagnostic services which are not available at government hospitals but are necessarily required to carry out admissible procedures in such hospitals.
 - Standalone diagnostics as mentioned in Annexure at 5A will be covered by the insurer subject to their being done at rates/labs empanelled.
 - Medication for chronic lifestyle and debilitating disorders, i.e. Diabetes, Hypertension, Epilepsy, Glaucoma and Multiple Sclerosis to be covered only based on Government doctor's prescription and availed from pharmacies approved/authorized by Government.
 - Surgical procedures of Ayurveda as per Annexure 5A to be covered in the scheme. The procedures will be admissible only at government or government aided hospitals/institutions subject to a maximum hospitalization period of 14 days.
 - Co-morbidities, follow-ups and complications up to 1 month from procedures to be handled as a part of the procedure and listed rates.
- In the event of procedures / treatments not being available in any of the empanelled Hospitals, private / government, the committee (referred in clause 20) reserves the right to refer such cases to an appropriate hospital in or outside the state.

h. Grading Mechanism :

All the Hospitals will be graded based on a mechanism mentioned at Annexure-5C. As the Hospitals keep upgrading their infrastructure and facilities, the grades will keep improving based on whichever grade they meet in the mechanism. Rates of the procedures will also be dependent on the grades.

i. Rates for Procedures:

- 1) Rates of all procedures covered based on grading of hospitals as per Annexure 5A.

The package rates will be fixed for the period up to 31st March 2020. However increase in rates can be based on CPI. Any such changes will not result into any additional payment or refund of already paid premium for that term of premium. Such changes however will be applicable for payment of premium for subsequent financial year.

If there is a surplus after the claims experience on the premium (excluding service tax) at the end of the policy period, after providing 20% of the premium paid towards the company's administrative cost, of the balance 80% after providing for claims payment and outstanding claims, 90% of the left over surplus will be refunded to the Government of Goa within 30 days after the expiry of the policy year.

Say for example the Total Premium-(TP) amount is ₹ 100

Total claim amount-(A)

Surplus (B) = TP-A.

To be paid to the Government = 90 % of (B-20 % Administrative cost)

Consider the example given in the below table:-

A ₹	B ₹	To be retained by IC ₹	To be paid to Govt ₹
80	20	20	0
75	25	20+0.5	4.5
50	50	20+3	27
90	10	10	0

- 2) The Rates for admissible procedures at the following hospitals would be as per the published rates of the said hospitals, as notified by them from time to time:

- | | |
|----------------------------|-----------------------|
| 1. All AIIMS | 5. NEIGRIHMS Shillong |
| 2. NIMHANS | 6. PGIMER Chandigarh |
| 3. Tata Memorial Hospitals | 7. JIPMER Puducherry |
| 4. CMC Vellore | |

However the claims shall not exceed the maximum ceiling cover per family.

3) Investigations/Diagnostics, not available at government hospitals, but necessarily required for carrying out admissible procedures, would be covered by the Insurer subject to their being done at rates/labs empanelled. The cost towards these diagnostics will be covered within the procedure listed rates.

4) **Package Rates:**

The Package rate shall mean all inclusive – including lump sum cost of inpatient treatment / day care/ diagnostic procedure for which a beneficiary has been permitted by the competent authority or for treatment under emergency from the time of admission to the time of discharge including (but not limited to) – (i) Registration charge, (ii) Admission charges, (iii) Accommodation charges including patients diet, (iv) Operation charges, (v) Injection charges, (vi) Dressing charges, (vii) Doctor/ consultant visit charges, (viii) ICU / ICCU charges, (ix) Monitoring charges, (x) Transfusion charges and Blood processing charges, (ix) Pre Anesthetic checkup and Anesthesia charges, (xii) Operation theatre charges, (xiii) Procedural charges/ surgeon's fee, (xiv) Cost of surgical disposables and all sundries used during hospitalization, (xv) Cost of medicines and consumables, (xvi) Related routine and essential investigations (xvii) Physiotherapy charges etc. (xviii) Nursing care charges etc.

Package rate also include two pre-operative consultations and two postoperative consultations. In case a beneficiary demands a specific Brand of stent/Implant and gives his consent in writing, the difference in cost over and above the ceiling rate may be charged from the beneficiary, which is non-reimbursable. During In-patient treatment of the beneficiary, the hospital will not ask the beneficiary or his / her attendant to purchase separately the medicines / sundries / equipment or accessories from outside and will provide the treatment within the package rate, fixed which includes the cost of all the items.

The amount of medication for chronic lifestyle and debilitating disorders, i.e. Diabetes, Hypertension, Epilepsy, Glaucoma and Multiple Sclerosis shall not exceed ₹ 15000/- per year with quarterly authorization from Government doctors for continuation of treatment. However, the following items are not admissible for reimbursement: Food supplements, Toiletries, Cosmetics, Sanitary napkins, Talcum powder and Mouth fresheners.

Pre and post hospitalization costs including medicine and investigation cost up to 7 days prior to hospitalization and up to 5 days from the date of discharge from the hospital shall be part of the package rates.

j. **Eligible Health Services Providers (HSPs):**

All public Health providers are automatically eligible for empanelment. However in the initial phase, only Goa Medical College, both the District

Hospitals and sub District Hospital at Ponda will be covered. Rest of the government hospitals will be included in due course at the discretion of the Government. Private health providers which provide hospitalization and/or day-care services would be eligible for inclusion under the specific grading for insurance scheme, subject to fulfilment of such requirements for empanelment as may be agreed between the Government of Goa and Insurer. The details of private hospitals thus empanelled should be furnished to the government as per Annexure 7. Insurer has to empanel a minimum number of hospitals in each taluka as mentioned in Annexure 9.

k. Maternity and Newborn Child Coverage

Maternity and Newborn Child Coverage will be as per details provided below. This will include child or children born in a family already having five or more members. However financial limit as prescribed in the financial package will remain the same irrespective of additional number of members over and above five.

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 5B.
2. Newborn child shall be automatically covered from birth up to 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 5B.
3. Above shall be covered from day one of the inception of the scheme and normal hospitalization period for both mother and child should not be less than 48 hours post-delivery in case of a normal delivery and not less than 96 hours in case of a caesarean operation.

2. Empanelment of HSPs: Broad guidelines for empanelment of hospitals may be seen at Annexure 9

3. Registration/ Annual Renewal/ Smart Card Charges and Payment of Premium charges:

- a) Registration and Renewal process will be carried out by Goa Electronics Limited (GEL). The complete demographic data along with bio-metrics will be stored on central repository to which access will be provided to the Insurer by GEL through the web service. Details that will come on the chip and the visual zone of the card to be decided by Government and Insurer after the insurer is selected. On activation the Insurer will print and issue the cards to the

beneficiaries on the spot.

GEL will collect the Registration fees at the enrolment camps/centre.

Registration and Annual Renewal charges shall be charged as under:

- (i) For family of 3 and less, ₹ 200/-
- (ii) For family of 4 and above, ₹ 300/-

Besides, a concession of 50% of the above registration and Annual Renewal charges shall be considered subject to appropriate documentations, as approved by Government of Goa, for the following : -

- 1. OBC category of non-creamy layer.
- 2. SC/ST categories.
- 3. Differently abled Head of family.

Renewal process every year will start 60 days prior to the commencement of the next financial year. Full premium will be paid for cards renewed till 31st March of every year. Any delay in renewal beyond 31st March will result in services getting discontinued till renewal and the premium payable will be reduced on pro rata basis as per delay beyond 31st March. The first premium will be paid up to 31/03/2016 (on prorata basis) Full renewal charges as per a) above will be charged irrespective of date of renewal from 01st February 2016 onwards.

Similarly further renewals will be on annual basis starting 01st February and ending 31st March of each year as above.

- b) For re-issue of the Card, either on account of card being lost/damage/supplementary/splitting, the Insurance Company shall charge up to maximum of ₹ 100/- per re-issue.

c) Payment of Premium by the Government to the Insurance Company:-

Card is valid for entire period of the scheme i.e. 31/03/2020. Operational validity initially will be up to 31/03/2016. Only those patients having operational validity will be treated.

The premium would be paid every year in four quarterly installments on or before the first day of the quarter every year, with the year being reckoned from the date of commencement of the Scheme.

The first installment of the premium for the first year of the scheme would be paid on or before the date of commencement of the scheme.

The amount of premium would be arrived as twenty-five percent of the premium payable based on the number of eligible persons provided to the successful bidder by the DHS on or before the date of commencement of the scheme. For the subsequent quarters, insurance premium will be released based on the number of health insurance cards issued.

The cover of the insurance will start from the date of activation and issuance of the card by the Insurer. The premium will be payable on pro rata basis, based on balance period of the first Insurance period. (i.e. period remaining up to 31st March, 2016)

- d) Since complete registration process and identification of beneficiaries will be carried out by the state government, the premium amount should be accordingly worked out by excluding all such costs by the insurer while submitting the financial quote.
- e) Since the registration fees will be collected directly by GEL from the beneficiaries during the enrolment, total premium amount for the families covered, will be paid to the insurer.

An Individual is free to take a higher cover directly from the Insurance Company by paying higher premium, without having any impact on existing government policy and facilities.

The additional premium if any has to be decided by Insurance Company and the beneficiary between themselves. However, Government cover shall operate first.

4. Period of Insurance:

- a) The period of Insurance Contract shall be upto 31st March 2020 from the effective date, the contract can be further extended for a period of additional three years on mutually agreed terms.
- b) 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.

5. Procedure for Enrolment of beneficiaries: Broad Guidelines are as per Annexure – 13

6. **Cashless Transaction – Annexure – 10**

7. **Deen Dayal Swasthya Seva Yojana Kendra (DDSSYK)**

The DDSSYK is a Kiosk outlet to handle services related to the “Deen dayal Swasthya Seva Yojana “Scheme which will be operated in each taluka of the State. A Deen Dayal Swasthya Seva Yojana Sahayak will be placed by GEL and insurer respectively at the DDSSK. The place for setting up the DDSSK will be given by the DHS, if not the Insurer has to ensure that the place is made available and the requisite ICT infrastructure and resources are in place to carry out the functionalities coming under the purview of the Insurer. i.e services mentioned at Annexure -14.

I) Services provided by GEL:

GEL shall place requisite manpower along with Computers and ITC Infrastructure at DDSSYK in each of the 12 talukas setup by the Insurer wherein following services will be provided:

a. Request for modification of registered data:

Modification will be done when there are changes/ modifications in beneficiary's details such as name, address, etc. or on marriage, death, birth, adoption, divorce or any other legal changes in the status of family members.

b. Request for New Registration after completion of enrolment camps:

On Completion of the camps at Taluka level, new registrations will be done at the DDSSYK.

c. Request for splitting of a registered family:

Bifurcation of family will be done incase one or more members of the family go beyond the defined unit of family.

d. Request for Annual renewal of DDSSY:

Annual renewal will be done by verifying beneficiary biometrics at the DDSSYK.

II) Services provided by Insurer:

a. Request of Modification of Smart Cards:

Request for modification of information on the card (demographic only) can be either on

- i) **Visual zone:** In this case, a new card will be issued to the beneficiaries for any changes done to the visual zone.

Or

- ii) **On the chip*:** In this case, no new card will be issued, changes will be done on the chip. In case of addition of new member, the new member has to visit the DDSSYK to capture the biometrics.

b. Request for New Cards

On Completion of the camps at Taluka level, the issuance of cards for new registrations will be done at the DDSSYK.

c. Request for splitting of card:

Bifurcation of the card is done in case of family splitting i.e. one or more members of the family go beyond the defined unit of family.

d. Re-issuance of card due to damage:

This service will issue new card incase the visual zone or the chip is damaged.

e. Re-issuance of lost card:

This service will issue new card incase the card is lost or missing on producing an FIR copy regarding loss of card.

f. Renewal of card validity:

Card is valid for entire period of the scheme i.e. 31/03/2020. Operational validity initially will be up to 31/03/2016. Only those patients having operational validity will be treated. First renewal process will start from 01/02/2016. Similarly further renewals will be on annual basis starting 01st February and ending 31st March of each year as above.

g. Supplementary Card:

Additional card will be given to a family if members live at different locations.

h. Updations of transactions to the card in the online system of Insurer incase hospital does not have connectivity:

In case the hospital does not have connectivity for the online system of the Insurer then the Hlor his representative will go to the DDSSYK along with the beneficiary and will do necessary updations of transactions to the card of beneficiary.

i. Activation of card and Issuance to the beneficiary:

Once the smart cards are printed, the Insurer will write the requisite details onto the chip, activate and Issue cards to the beneficiaries at the DDSSYK.

*** The member additions done onto the chip has to be considered under the cover for the Current financial year. However, if there is a change in the SI (due to increase/decrease in the family size), the SI will change only in next financial year.**

8. Documents to be submitted to avail the scheme- Annexure-6

9. Procedure for Services rendered at DDSSYK- Annexure -14

10. Procedure for raising claims at hospitals – Annexure -15

11. Mechanism for Issuance of Cards

1. GEL will carry out registrations at the enrolment camps.
2. GEL will generate Unique Id for every beneficiary and family and then make available this data to the Insurer via a web service. Insurer will setup counter at the enrolment camp for printing and handing over of the smart cards. A list of approved beneficiaries along with all demographics and biometric data will be made available to the DHS.
3. GEL will send an SMS to reconfirm receipt by beneficiary and take feedback from the beneficiary through SMS.

12. Scope of Work of Insurer – Annexure -16

13. Scope of Work of GEL – Annexure -17

14. Scope of DHS :

Government of Goa commits to provide the following for successful implementation of the scheme:

- a. Deen Dayal Swasthya Yojana Sahayaks shall be in place at the time of signing of the agreement with the Insurer.
- b. Providing premium payment to the Insurer as per Clause 3 of this RFP.
- c. Providing place to setup DDSSYKs. However, in case space cannot be provided Insurer has to arrange for premises.

d. Settlement of disputed claim cases.

15. Functionalities of Insurers Software – Annexure -18

16. Functionalities of GEL Software – Annexure -19

17. Tender Terms and Conditions:

- i) The Insurers are required to get registered with www.tenderwizard.com/GOA. The vendor must have valid digital signature to submit the bid.
- ii) Tender documents should be downloaded from websites www.tenderwizard.com, www.dhsgoa.gov.in and www.etender.goa.gov.in as per the dates mentioned in the tender.
- iii) The Insurers should use the electronic mode of tendering using the website www.etender.goa.gov.in to submit his best possible quote.
- iv) Late submission will not be entertained and will not be permitted by the e-Tendering System.
- v) Last minute submission should be avoided. As such DHS will not be responsible for any failures in submission of bids.
- vi) Incomplete or conditional bids will be summarily rejected.
- vii) The vendor shall bear all costs associated with the preparation and submission of its Proposal and DHS will in no case be responsible or liable for those costs, regardless of the conduct or outcome of the proposal process.
- viii) Tender shall be uploaded separately through the e-Tendering System under Two Bid System viz Technical bid and Financial bid, as per the prescribed formats only. Failure to comply with these requirements may result in the bid being rejected.
- ix) The Technical Bid and the Financial bid as per clause 31, Section-A and Section –B to be strictly uploaded to the e-tendering website mentioned. The tender should be uploaded by 30 December 2015 upto 02.30 PM along with the scanned copy of NEFT/RTGS/OTC/debit card/credit card facility/net banking (Axis Bank) challan. The tenders without the mentioned challans will not be entertained.
- x) The price should not be mentioned in the Technical bid in any form or manner. In case the prices are mentioned in the technical bid, the offer will be liable for rejection.
- xi) The insurer are expected to examine all instructions, forms, terms and other information in the RFP. Failure to furnish all information required as

- mentioned in the RFP or submission of a proposal not substantially responsive to the RFP in every respect will be at the vendor's risk and may result in rejection of the proposal and forfeiture of the bid.
- xii) The attempt on the part of the vendor, to negotiate directly or indirectly, with the authority to whom the tender is being submitted or with the tender accepting authority, before the finalization of tenders, will make vendor liable for exclusion from the consideration of his/her tender.
 - xiii) Director, Directorate of Health Services reserves the right to accept or reject any Bid or annul the Bidding process without assigning any reason and reject all Bids at any time prior to award of contract, without thereby incurring any liability to the affected Bidder or Bidders. Director, Directorate of Health Services is not bound to accept the lowest or any bid.
 - xiv) The Notification of Award will be issued with the approval of the Government of Goa. The terms of Agreement will be discussed with the representatives of the successful insurance company and the company is expected to furnish a duly signed Agreement approved by Government of Goa in duplicate within 15 days of declaration of 'award of contract', failing which the contract may be offered to the next bidder in order of merit.
 - xv) Bidders are hereby warned that canvassing in any form for influencing the process of notification of award would result in disqualification of the Bidder.
 - xvi) Each paper of Bid Document must be signed by the competent authority of the Bidder before uploading. Any document / sheet not signed shall tantamount to rejection of Bid. No hard Copies of any Technical Documents to be submitted to DHS Office. All documents to be uploaded onto the e-tendering website only.

18. Technical terms and Conditions:

- The insurer's software application should be security audited by any CERT-IN empanelled Third Party Auditor.
- The Smart card should be SCOSTA compliant 64KB card.
- The insurer may be asked to host the software application on the state data centre if the DHS decides, on any future date. In such a situation the insurer has to procure a server for the application. Security and backup services of the SDC may be used.
- Compliance to DeitY standards is a must.
- Entire data of the patient collected by the Insurance Company will have to be submitted to the government and shall be the property of Government of

Goa exclusively. (Insurance Company cannot use the data for any purpose other than for this Scheme without prior approval of the Government.)

- While the insurance company owns the hardware at the DDSSYK, the hospital owns the hardware at the hospital.
- Any modifications to the software(s) by the insurance company for ease of use can be made only after confirmation from DHS.
- No extra charges will be paid to the insurer for any software updations needed by the Department for functioning of the system during the insurance period.

19. Settlement of claim and Dispute Resolution:

A state level committee chaired by Secretary (Health) and having as its members, one representative of the Insurance Company and one person from the health sector to be nominated by the Government, will look into the matters relating to disputes and/or settlement of claim and shall meet as and when required. The above committee may form a subcommittee for assistance in disposing of the claims which are under dispute or any other matter being referred to the committee. Director of Health Services or his representative will act as Secretary to the committee and will refer the cases to the Committee. The decision of the committee will be by majority in case the committee members cannot arrive at a unanimous decision. The decision of the committee shall be final and binding.

The above committee shall look into all disputes that may arise due to claim / non-payment between insurer/health care provider and insured beneficiary. All such matters shall be referred to the committee if not settled at the level of the DHS within 30 days.

A Committee would be formed, as decided by the Government from time to time, to decide on the penalty in terms of financial implications or Blacklisting of hospital/Insurer in case of deviations or delays in processing of claims or implementing the scheme.

Failure to implement any decision of the Committee within 30 days, a penalty of ₹ 20,000/- per day from 31st day onwards shall be charged up to a maximum of twice the penalty amount decided by the committee or ₹ 4 Lakhs whichever is less.

20. Penalty Clause and Termination:

a) Penalty :-

In case of failure to abide and comply with under mentioned issues,

penalties as mentioned below will be applicable. This shall be in addition to those indicated in Annexure-9, clause E of this RFP.

- i. Failure in following the scope specified in Annexure 16 at Serial Number 1 will attract a penalty of ₹. 100/- per card per day up to maximum of ₹. 6000/- per card. If non-compliance is continued for more than 60 days, the tender is liable to be cancelled.
- ii. In failure of servicing the claim on cashless basis, a penalty of ₹ 1000/- per such case will be levied.

b. Termination:-

Non-compliance of the conditions mentioned in the agreement may lead to termination of agreement within a period of 30 days. Any such terminations due to Non-compliance of the terms and the conditions will result in levy of fine of ₹10 Lakhs, in addition to termination of contract.

In addition to the above, the agreement may also be terminated by either of the parties by giving the other party at least 90 days prior notice.

In case of termination of the contract following process be followed:

- i) The Insurer shall refund to the Government of Goa within one week, the unutilized amount of premium paid by the government for the period beyond the last day of the notice period.
- ii) In addition to above, the Insurer will settle the bills of the hospitals as per the agreement / contract for the cases that are handled by the hospitals as per the agreement/ contract till the last day of notice period.

21. 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 Government of Goa.

22. Information, Education Communication (IEC) and Behavioural Change Communication (BCC) interventions:

Insurance Company in consultation with Government of Goa and Goa Electronics Ltd will prepare and implement a communication strategy for launching/ implementing the scheme. The objective of these interventions

will be to inform the beneficiaries regarding enrolment and benefits of the scheme.

23. 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 other agencies. The training packages shall be jointly developed by the Government of Goa and the Insurance Company.

Director, Directorate of Health Services will be the main co-coordinator. Other Nodal officers will be as appointed by the Director, Directorate of Health Services, of the rank not less than that of Chief Medical Officer.

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

24. Medical Inspection and Audit of the private hospitals.

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

25. 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 (as per Annexure-3) that it will outsource only to such agencies which fulfil the qualifying criteria as prescribed herein. The qualifying criteria for the TPAs have been given in Annexure 8.

26. Criteria for Evaluating Bids /Proposals:

The Technical Proposals or Bids will be opened in the presence of the Representatives of the Insurance companies who have participated in the tender process. The Technical Bids will be evaluated by the Government of Goa. Once the technical bids have been evaluated, the successful bidders will only 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.

27. Award of Contract:

Government of Goa shall award the contract to the successful bidder/whose Bid has/have been determined to be substantially responsive, lowest evaluated bid, provided further that the bidder has been determined by the Government of Goa to be qualified to perform the contract satisfactorily.

28. Amendment of Bidding Documents:

a) At any time prior to the deadline for submission of bids, the Government of Goa may, for any reason modify the Bidding documents, by amendment.

b) In order to afford prospective bidders reasonable time to take the amendment into account in preparing their bids, the Government of Goa 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.

29. Submission of Proposals:

Hard copies of certificates should be produced by the Bidder when asked by the evaluation committee.

30. Deadline for Submission Bids / Proposals:

Complete bid documents should be uploaded at the address mentioned

below Not later than 30th December 2015 upto 2.30 p.m. at www.etender.goa.gov.in

Any other correspondence / communication /or queries about the scheme may also be forwarded to:-

The Director,

Directorate of Health Services,

Campal, Panaji-Goa

Phone Number: - 0832-2225540/2225646/2225561

Fax Number: - 0832-2225561

Email: -directorhealth_goa@yahoo.co.in

31. SUBMISSION OF BIDS :

The Government of Goa seeks detailed proposal from insurance companies interested in implementing “Deen Dayal Swasthya Seva Yojana”, in the State. The bid / proposal document should include the following:

SECTION A – TECHNICAL PROPOSAL

I. QUALIFYING CRITERIA:

The Bidder shall satisfy all of criteria below	Supporting Document Required
1) Bidder/ Prime Bidder (in case of consortium), should submit the RFP payments in the form of Demand Draft from any Nationalized/scheduled bank, payable at Panaji, which must be scanned and uploaded to the e-tendering website within the period of tender application submission and the originals to be deposited in the office of Directorate of Health Services, Panaji on or before the RFP submission date.	1) The Insurer should submit the RFP payments in the e-Payment mode towards Cost of the Tender Document & Tender Processing Fee: To be paid online through e-payment mode via NEFT/RTGS/OTC/debit card/credit card facility/net banking (Axis Bank)with preprinted challans available on etendering website and directly credit the amount to ITG account as generated by challans and upload the scanned copy of NEFT/RTGS/OTC/debit card/credit card facility/net banking (Axis Bank) challan along with the bid.
2) Insurance company should be registered with IRDA or enabled by a Central legislation to undertake insurance related activities.	a)The Insurer should attach a copy of the license as a proof of its registration. The enclosure should be marked as Annexure 1. Insurer also to attach Actuarial Certificate.
3)The Insurer has to provide a declaration expressing their explicit agreement to adhere with the details of the scheme as mentioned in the Part I of the RFP document.	a) The Insurerhas to provide a declaration as per format given in Annexure 2.

4) The Insurer has to engage the TPA, fulfilling the necessary criteria.	a) The Insurer has to provide an undertaking that it will engage a TPA. The details of such agencies shall be provided at the time of signing the MOU with the Government of Goa.
5) Previous experience of running similar insurance schemes in any state(s).	<p>a) The Insurer should provide details of previous experience the prescribed format as given in Annexure- 4 of the RFP document.</p> <p>b) In the same annexure the Insurer should also provide a brief write-up of their experience with similar insurance scheme. The write-up should cover at least the following aspects:</p> <ul style="list-style-type: none"> • 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
6) In case the Insurance Company plans to outsource some of the functions necessary for the implementation of the scheme.	The Insurer has to provide an Undertaking as per format given in 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.

II. Other Information: If the bidder wants to provide other information the same may be provided in Annexure -12

III. Additional benefits:

In case the Bidder wants to offer additional benefits under the scheme, the same may be given in detail as a separate annexure 12.

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

SECTION B – FINANCIAL PROPOSAL

(KINDLY NOTE THAT ANNEXURE-11 SHOULD BE ATTACHED TO SECTION B – FINANCIAL PROPOSAL ONLY)

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

32. Roles and Responsibilities Matrix

Sr. No.	Tasks	DHS	GEL	INSURER
1	Providing List of Locations for Enrolment Camps	✓		
2	Location and Network survey for conducting enrolment camps		✓	
3	Publishing of Advertisement on TV Channels, Newspaper, FM Radio, and Social Networking Website.			✓
4	Printing of Pamphlets, Notices and Instructions			✓
5	Resource allocation for enrolment process		✓	
6	Setting up of camps for enrolment of DDSSY		✓	
7	Installation of Hardware and Network at the enrolment camps.		✓	
8	Installation of Hardware and Network at the DDSSYK			✓
9	Transportation of Enrolment Camp Material from one location to another		✓	
10	Provision of Call Center for Enrolment process		✓	
11	Setting up of Project Management Unit		✓	✓
12	Capturing of Finger Prints and Photographs of every individual.		✓	
13	Modification, Splitting of family data.		✓	
14	Printing of Smart Cards.			✓
15	Collection of Registration/Renewal fees from the beneficiaries.		✓	

16	Modification, splitting of smart card.			✓
17	Collection of 5% beneficiary feedback.			✓
18	Hospital Empanelment.			✓
19	Conduct third party evaluation of schemes at Periodic intervals	✓		
20	Training /Workshops for Health Care Providers.			✓
21	Conduct health Camps			✓

