

MINUTES OF THE MEETING

Pre-Bid Meeting for Tender AB-PM-JAY CMHIS 2024

A Hybrid Pre-Bid meeting for the above-mentioned Tender was held at NHP conference room, Directorate of Health and Family Welfare, Kohima, Nagaland, at 1.00 P.M on 28/02/2024 and over Google Meet VC.

Meeting Link - <https://meet.google.com/eyj-toxy-hcv>

At the outset Dr. Kikameren – Joint CEO, welcomed representative of the firm and explained the important points to be noted about the tender document. He urged the vendors to ensure all documents are submitted correctly so that there is no disqualification for lack of documentation. A presentation was made giving a brief overview of the scheme.

The following responses were provided to queries raised during the meeting. Additionally, written response to queries received in writing are enclosed in Annexure 1:

1. Introduction of new concept called Rewarding Healthy Behaviour to prevent repetitive hospitalisation of the patient. Details of the activity shall be jointly developed with the selected insurer. However, this activity shall taken up from the CSR initiative of the selected firm and the costing shall be outside the Premium.
2. The state to have separate agency for field investigation and medical audits. However, Insurance Company to have separate audit system to ensure due diligence before claims approval and payment, including if necessary, through conducting their own audit.
3. SHA to have the final decision on audit findings, where there is a difference of opinion between the Insurance Company and Audit Agency.
4. No CDs or pen drive is required to be submitted as only hard copy document required to be submitted.
5. Joint Venture Submission of BID will not be allowed.
6. Unspecified Packages will include those procedures where the packages are not available in the HBP master packages. State Medical Committee will give the final approval with reference to the Insurance Company.
7. The PPT made during the meeting as well as response to queries will be shared with all participants.


Dr. Kika Longkumer




Jt. CEO, Nagaland Health Protection Society








Joint Director
Directorate of Health & Family Welfare
Nagaland : Kohima

Attendant Sheet for Pre-bid Meeting under AB PM-JAY CMHS for the policy period (2024-2025)

Venue: NHP HALL, DHFW

Date: 28/02/2024

Sl No	Name	Designation	Organization	Email	Mobile no	Signature
1.	Kumar Vikram Singh	S.V.P - A&M	HDFC ERGO	vikram.singh@hdfc-ergo.com	8373015558	
2.	P. Asangla	Gr B.M.	OC-11d	p.asangla@orientalinsurance.co.in	7005671327	 28/2/2024
3.	Devendra Sharma	Head Retail & Social	Aditya Birla Health Insurance	devendra.s.sharma@adityabirlacapital.co.in	8879993437	
4.	HEMANI RAUL		Future Genesali IIC			
5.	PRASHANT S	HDFC	HDFC ERGO	prashant.s@hdfcergo.com		
6.	RAJARSHI CHAKRABARTY	708361011 9123064497	BAJAJ ALLIANZ GENERAL			
7.	DIPANKAR DUTTA		NIC			
8.	DR. J SHAKTAWAT		BAJAJ ALLIANZ GENERAL INSURANCE			
9.	CHAYAN BARMAN Roy	8229954293	RELIANCE GENERAL INSURANCE			
10.	DR. T B CHAKMA		NIC			
11.	RAVI ASHOK	9953194208	FUTURE GENERALS INDIA INSURANCE	Ravi.Ashok@futuregenerals.in		

Sl No	Name	Designation	Organization	Email	Mobile no	Signature
12.	SIDDHARTHA KANSAL					
13	ASHISH SHINGAM					
14.	DR. KAMAL SINGH					
15	MANISH DODDEJA					
16.	SUMAN KATRAJADDA					
17.	SHRI THAVASSELAN K (IAS)	CEO	NHPS		7009746737	
18.	Dr. Nika Loyken	Jr CEO	NHPS		9436006134	
19.	Odang Pongener	AGM. PHS.	PHS			
20	NEETSUPTI SENGHMO	BIS TECHNICAL CONSULTANT	NHPS		9866047701	
21	Dr. Akshai V. Zhumam	MO, I	NHPS		9740758728	
22.	Alongla Uda	CP- Mgr. NHPS	NHPS		9612439415	
23	Pranab Kumar	e Manager	Dei & T		9854055423	
24	SEYIEVIGIO DENNY KUN	Data Manager IT Support	NHPS		7005737467	

Response to prebid Queries_29022024

Sl No	Insurance Company	QUERY	PAGE NO.	QUERY	NHPS(SHA) Response
1	National Insurance Company Limited	Last 3 years premium and claims data with dump			Refer to worksheets- Scheme Summary, Claims data dump attached
2		ICR % of last 3 years			may calculate based on data provided
3		Additional families enrolled beyond the minimum committed number of families, the State Government shall pay the Insurer based on the discovered premium price per family. All such premium for the first year for each family shall be calculated on a prorated basis from the date of enrolment.	RFP. 13	Premium should be annual irrespective of data of enrolment.	No change.
4		Total families enrolled could be +-20% of the projected total families	RFP. 13	Premium of 20% can be paid in advance.	No change.
5		The Insurance Company shall bear the liability, empanel hospitals, process transactions, settle and pay claims, manage grievances, etc.	RFP. 14	Hospital empanelment is usually done by State Government and its criteria are also set by State Govt. Insurer empanel hospital based on Govt. Recommendation .Kindly clarify.	SHA shall be the final authority for empanelment/depempanelment
6		Medicines and Consumables which are to be booked on actual cost.	vol 3 page 19	Purchase price of hospital or M.R.P. Some discount may be obtained by Insurer while hospital empanelment.	Upto IC
7		percentage incentives are added by compounding.	vol 3 page 19	Entry level NABH 10%/ Full NABH 15%/ JCI Certification only one should be given as they are all quality accreditations	Yes. Only one quality accreditation incentive will be applicable.
8		Private hospitals in Nagaland 20%	vol 3 page 19	This incentive can't be justified	No change.
9		Procedures: The list may undergo revisions, additions and deletions as the Scheme progresses, based on the feedback and suggestions received from stakeholders.	RFP. 15	Upward Change can't be allowed mid-term. How many packages are reserved for public hospitals, need the list of those procedures/surgeries.	No change.
10		high end drugs and diagnostics may be additional in package	RFP. 15	needs clarity	There is a separate package code for high end medicine and high end diagnostic which are already specified in the master package. which can be added on along with primary/parent package.
11		The SHA may revise the package prices at regular intervals.	RFP. 15	Package rates cannot be increased in policy year	No change.

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12	EHCPS comply with the mandatory documents specified in the STGs	RFP. 15	no waiver should be applicabl for public hospitals for documents	No Change. Waiver applicable as per national guidelines.
13	Room rent is applicable	RFP. 15	if hospitals tariff is less(including Govt. Hospitals), same should be charged to Insurance Company	fixed rate paid irrespective of prevalent hospital tariff.
14	Room rent is applicable	RFP. 15	no incentive on room rent for accreditations	No change.
15	If no prescribed ceiling rates are available, the cost shall be paid as per actual.		10% margin over purchase cost should be the upper ceiling	No Change.
16	CMHIS (EP) beneficiaries shall avail treatment at TMH, Mumbai and its units across India at their prevalent rates.		at CGHS RATES without incentive	at prevalent TMH rates, similar to CGHS MoU with TMH.
17	Claim submission and processing shall be through a separate portal developed specifically for this purpose.	RFP. 18	is the portal live now.claim intimation clause for such claims.	Portal is in the UAT stage.
18	The rewards in form of health coupons/any other form mutually decided by state government and the Insurer shall be given to members families, participating in digital/physical health assessment, organized by state / insurer or any appointed agency.		needs clarity	modalities to be developed mutually with IC and SHA.
19	Required documents point no. 5 Declaration / Undertaking / Certificate from their Statutory Auditor		CAN CA CERTIFICATE SUFFICE INSTEAD OF STATUTORY AUDITOR.	will be in corrigendum 2.
20	Within 1 (one) day of receiving the NOA, provide to the SHA information regarding the p l a n o f the outsourcing of non-core business to any agency, if the Insurance Company		Need at least one week	No change
21	Hospital IT Infrastructure	part II PAGE 10	who will bear the cost	EHCP
22	2nd surgical procedure and any follow procedures thereafter shall be reimbursed at 50% of package rate	part II PAGE 24	what about 3rd package and so on	CMHIS: 50% for 3rd package and subsequent packages. PMJAY: 25% for for 3rd package and subsequent packages.
23	9. De-empanelment of Health Care Providers	part II PAGE 31	EMPANELMENT AND DEPANELMENT BOTH should be authority of State	SHA shall be the final authority for empanelment/deempanelment.

24	the Insurer shall ensure that it shall honour all Claims for any expenses that have been pre-authorized or are legitimately due before the effectiveness of such suspension or de-empowerment as if such de-empowered EHCP continues to be an EHCP.	part II PAGE 31	Insurer should be given authority of stopping payment in case any major discrepancy is found in case of any provided till final decision is given by SHA	Yes.
25	In the financial year prior to the submission of its Bid, the Insurer has maintained its solvency ratio in full compliance with the requirements of the IRDAI Solvency Regulations and the Insurer undertakes that it shall continue to maintain its solvency ratio in full compliance with the IRDAI Solvency Regulations throughout the Term of this Insurance Contract.	part II PAGE 46	Can PSU be given a waiver	No.
26	Payment of Premium	part II PAGE 33	In how many day after due date, premium will be paid esp. the first installment.	already outlined in the tender.
27	Please provide us with the old tender documents.			shared.
28	Please provide us with the Old premium rate, tenure, ICR and name of insurers for the last three years.			Refer to worksheets- Scheme Summary, Claims data dump attached
29	Who was the TPA for the last three years of the scheme?			Engagement of IC by the SHA, not TPA
30	Please provide us a comparison of package rates from last tender			Shared previous year HBP.
31	What are the changes in coverage from last tender			Shared previous year HBP.
32	Kindly provide the Claim dump including package names, package codes, procedure name, claim intimation amount, claim paid & OS, date of hospitalisation, beneficiary code, date of intimation, hospital name and category, procedure type such as surgical or medical management and other necessary fields.			Refer to worksheets- Scheme Summary, Claims data dump attached
33	How will the Top Up work? Please explain through illustrative examples			Combined Base Cover and Top Up Cover is taken as 20 lakh cover
34	Is the Top Up optional or compulsory?			Compulsory.
35	Please share Schedule 3C- unspecified package guidelines.			please refer tender documents in the portal RPF VOL-III scheduel 3C -Page 15,16,17

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36		What is the state's expectation with regard to the insurer's role in rewarding healthy behaviour			modalities to be developed mutually with IC and SHA.
37		Can separate insurers be selected for each of the three quotation categories or there will be a single insurer.			No
38		If the state asks for renewal after the first policy period (including the extension period) , can the insurer refuse?			please refer to tender document . Already outlined.
39		Following table to be populated for High end medicines and radiological diagnostic , high-end histopathology (Biopsies) and advanced serology investigations packages or some other special inputs existing in the N-HBP 2024			For CMHIS(GEN)there is a separate package for high end medicine and high end diagnostic (as specified in the master package)which can be added on along with primary/parent package which the system will allow to only those limited package mapped with the high-end medicines and diagnostics . Where as for CMHIS(ep) no limitation as such as all the medical packages under CMHIS(EP) are unbundled.CMHIS(EP) for packages excisional biopsies wherever specified in the HBP can be added on along with the surgical packages wherever required.
40		Since when has the scheme been different for employees and the general public?			Scheme for employees and pensioners and uncovered population launched in Oct 2022.
41		Category wise number of empanelled hospitals for last two years			Please refer to worksheet on EHCPs
42		Please populate the following formats:			Refer to worksheets- Scheme Summary, Claims data dump attached
43	Reliance General Insurance	Beneficiaries Covered under CMHIS a. GoN employees and other officials, and their dependents entitled for benefits under the existing Medical Reimbursement Scheme of the GoN, and serving Parliamentarians/Legislators;	3	Kindly confirm the eligibility criteria if one family member is a GoN employee and the other is listed under the AB PM-JAY CMHIS family.	Employee family will be as per Government dependency rules as per CS(Medical Attendance) Rules 1944

44	In addition to the Basic Risk Cover as specified in Section 3.1 above, all beneficiaries under Category 3 (GoN employees and other government Officials and serving Parliamentarians/Legislators) and Category 4 (GoN pensioners and exParliamentarians/ Legislators) shall be eligible for additional top up cover of Rs. 15,00,000(Rupees Fifteen Lakh Only).	5	Please clarify how the utilization of the sum insured for beneficiaries under Category 3 and Category 4 is being proposed. Will it be in addition to the Basic Risk Cover, or can it only be used once the base insured sum of five lakhs has been exhausted?	Basic and Top up to be considered as a single cover of 20 lakh
45	The AB PM-JAY CMHIS has two types of Health Benefits Packages (NHBP 2024) for different population categories. Henceforth, these will be referred to as CMHIS (GEN) and CMHIS (EP) when the employees and pensioners.	5	a) What are the significant differences between the package masters CMHIS (GEN) and CMHIS (EP)? b) Please explain if the hospitals can simultaneously claim packages from both the package masters for the same patient and the same period of hospitalization. c) Confirm whether the TMS identify the different categories and allow only the appropriate package selection.	CMHIS (GEN) HBP is based on PM-JAY HBP Construct. CMHIS(EP) HBP is based on CGHS HBP Construct. For more details , please refer to the respective HBPs uploaded.
46	For the purposes of room entitlement as provided in Clause 5.4.2, employees of GoN shall be entitled to treatment as per the room entitlement given in the table below:	6	a) Kindly share the break-up of the beneficiaries under CMHIS (EP) as per their respective pay level. b) Please clarify if the actual hospitalization exceeds the allowed room rent limit; will there be any proportionate deduction applicable to the claim in general?	a. Please refer to tender document for breakup. b. Claims will be paid only as per fixed rate.
47	For patients availing bundled health benefit packages (surgical packages), no separate room rent.	7	Under CMHIS (EP), for hospitalization under the surgical package, we understand no additional room rent is payable. If the surgery/ unspecified treatment/procedure is not listed under the package master, then the room rent would be allowed as per the package master as mentioned under clause 5.4.2.	Price for Procedures booked under unspecified will be checked on a case by case basis and negotiated between the three parties to arrive at a price.

48		The prescribed package rates are for semi-private ward. If the beneficiary is entitled for general ward there will be a decrease of 10% in the rates. For private ward entitlement there will be an increase of 15%. However, the rates shall be the same for investigation irrespective of entitlement. AND Schedule 3B -NHBP-CMHIS (EP)		a) If an employee is entitled to a different room as per their pay level, we understand that, except for medical investigation claims, the package amount would be adjusted depending on the specific room eligibility. b) Also explain whether the beneficiary can voluntarily upgrade to a higher room type at their convenience. Will the hospital be authorized to charge any additional amount towards this room upgrade based on the declaration letter as mentioned in pg 17 of schedule III, under clause 5? If YES, please explain the scenarios and under which heads the additional charging of amounts by hospitals would be allowed.	employee can upgrade to a higher room than his room eligibility however patient has to pay for the difference in room rents/ procedure cost.
49		For implants, stents, grafts, consumables, drugs, not specifically mentioned in the NHBP 2024 for CMHIS (EP) list, the NPPA (National Pharmaceutical Pricing Authority) ceiling rates shall be applicable. If no prescribed ceiling rates are available, the cost shall be paid as per actual.	8	We understand the actual purchase cost of the implant will determine the implant claims, and it is essential to submit the actual purchase invoice for approval of the amount.	Yes, for unlisted implants. For listed implants, claims will be paid as per the fixed rate.
50		For treatment in Tata Memorial Hospital(TMC/TMH) Mumbai, CMHIS (EP) beneficiaries can avail treatment time to time for various treatment as per Tata Memorial Centre.	8	Is there any provision for the interim revision of package amounts for any treatment under any hospital- on a general or a case-to-case basis?	Yes. Please refer to tender document.
51		Except for exclusions listed in Schedule 4, treatment/procedures will also be allowed, in addition to the procedures listed in Schedules 3A and 3B, of up to the limit of Insurance Cover (called Beneficiaries within the overall limit of Rs. 5,00,000 for CMHIS (GEN) and with an additional top up cover of Rs. 5,00,000/Rs. 15,00,000 for CMHIS (EP). Operations pertaining to Unspecified Procedure are to be governed as per Unspecified Package Guidelines provided under Schedule 3C.	9	Please clarify the mode of operation for additional top-up cover insurance or trust for AB PM-JAY CMHIS Beneficiaries.	Basic and Top up to be considered as a single cover of 20 lakh

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52	The empanelled hospitals shall be reimbursed for the cost of treatment as per NHBP 2024 rates for the patients for any costs related to treatment, food, etc.	11	a) In the event of unauthorized money collection, please clarify whether a specific penalty or clause could lead to claim rejection. b) What is actionable for the IC if the cashless access services are violated or beneficiaries are charged in any form during the scope of the claimed period?	Penalty shall be as per the penalties outlined in the anti fraud guidelines in case of confirmed fraud. IC is part of state/district grievance committee that shall decide on the course of action for any grievance, including denial of cashless access.
53	d. CMHIS(EP) beneficiaries can avail treatment in non-empanelled hospitals provided there are no CMHIS(EP) empanelled hospitals or GOI hospitals empanelled through CGHS in the city/town shall avail reimbursement for the treatment undertaken as per the applicable rates in N-HBP 2024 for CMHIS(EP).	11	What happens if CMHIS(EP) beneficiaries choose reimbursement under these guidelines while an empanelled hospital in their city/town is still being claimed under reimbursement from non-network? What should IC do?	Claims for un-justified treatment in non-empanelled hospitals shall be rejected.
54	If a hospital is empanelled for both CMHIS (GEN) and CMHIS (EP), the hospital will admit the patient under the scheme of entitlement of the beneficiary, i.e., AB PM-JAY for CMHIS(GEN) and CGHS for CMHIS(EP).	11	We understand that there are two types of empanelment - for GEN and EP and beneficiaries can avail the services accordingly-please confirm.	Yes.
55	The SHA shall create a Master Beneficiary Database for the AB PM-JAY CMHIS through various existing sources as detailed below:	13	Kindly share the summary with a breakdown of the current enrollment data.	Please refer to the "Beneficiary Data" worksheet.
56	Specifically for the AB PM-JAY Beneficiaries, all the AB PM-JAY Beneficiary Family Units, as defined under the deprivation criteria of D1, D2, D3, D4, D5 and D7, AB PM-JAY	13	Kindly share the detailed break-up.	PM-JAY household as defined by NHA is saturated, and no longer used. State has moved to NFSA(Ration Card) Database.
57	Differential Package Pricing for PM-JAY empanelled hospitals using NHBP 2024 for CMHIS (GEN).	18	Kindly share the list of hospitals with the grid of eligible incentives based on certification under CMHIS (GEN) and CMHIS (EP). We understand the incentives would be valid for the entire year, and no interim incentive revision would be effectuated.	Please refer to the worksheet on empanelled hospitals. Incentives will be applicable from the moment hospital acquires certification, and will be invalidated the moment certificate expires.

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58		Surgical package rate is inclusive of procedure, diagnostics, medicines, consumables and room rent while ICU is permissible and is to be billed separately in the event of complication needing ICU intervention	19	What is the TMS workflow in case a patient is admitted for a surgery package and the patient requires an ICU hospitalization during the same hospitalization period?	The length of stay for any surgical package as per the STG(Standard treatment guidelines)are specified in the HBP. Any ICU hospitalization within that LOS will be considered was part of the surgical package rates. However beyond the LOS specified , the hospital may book another medical per day (ICU) package as per the treatment necessity.
59		Implants wherever required should be booked as an Add On procedure. If the beneficiary insists on high end implants which is beyond the package rate, the additional cost beyond the package rate will be borne by the patient provided a written consent is obtained from the concerned patient.	19	Please provide a list of high-end implants (lense and others) with variants applicable to a cataract surgery claim.	all the implants package are listed in the health benefit packages
60		Relaxation: If the beneficiary insists on room facility which is beyond his/her entitlement, the additional cost beyond the entitled room rent will be borne by the patient provided a written consent is obtained from the concerned patient.	19	We understand, room rent variation will incur an extra charge based on the patient's accommodation preference. If the patient selects a higher category room than the one designated by their payment plan, they will be responsible for paying ONLY the difference of the room tariffs.	Yes.
61		6) If the beneficiary wants to undertake a diagnostic test(s) which is not related to the ongoing treatment or health event, the cost of the diagnostic test(s) will be borne by the patient.	19	We understand that to validate the claim a qualified doctor would only prescribe the diagnostic tests substantiated with supporting documentation of medical indications- please confirm.	Yes.
62		Exclusions to the Benefits under the Policy		a) Please confirm if diseases and accidents due to direct or indirect effects of consumption of alcohol or any other narcotics or intoxicating substances would be excluded from this policy. b) Please clarify if suicide attempts, assault, and external congenital diseases are covered under the policy. c) Please confirm since interval sterilization and	As per exclusion policy shared.

63		Any assisted reproductive techniques, or infertility related procedures, unless featuring in the NHBP 2024.			No Change.
64		Claim Settlement: A claim raised by the empanelled hospital will first be received by the Trust/Insurer of the Treatment State which shall decide based on its own internal processes. The approval of the claim shall be shared with the Home State Insurance Company/Trust which can raise an objection on any ground within 3 (three) days. In case the Home State raises no objection, the Treatment State IC/Trust shall settle the claim with the hospital. In case the Home State raises an objection, the Treatment State shall settle the claim as it deems fit. However, the objection of the Home State shall only be recommendatory in nature and the Home State shall have to honor the decision of the Treatment State during the time of interagency settlement.	25	Please clarify, portability claims of both GEN & EP category would be received/settled by treatment state ? The current PMJAY process, the claim settled through NTMS directly by home state.	Claims shall be settled by home state.
65		The SHA shall be responsible for a. Generating awareness about enrolment, organising enrolment drives either directly or through independent agencies. b. Providing the Insurer with appropriate level of access rights to the Beneficiary Identification System (BIS) portal on which all AB PM-JAY CMHIS e-card requests shall be generated and verification and approval exercise will take place. c. Timely intervention and decision on all e-card rejection requests forwarded on the BIS portal by the Insurer as per the provisions of Clause 6.2.3 or by any other card verification agency that the SHA at its sole discretion and at its own cost may deploy.	28	a. When it is proposed to organise enrolment drive by SHA b. Whether the e-card generation access for CMHIS (EP) category beneficiaries given to EHCPs or not (Whether all categories of beneficiaries can be get registered at EHCP) c. Please confirm Whether the SHA intend to deploy card verification agency	a. enrolment drive is ongoing process and may be organised anytime by the SHA. B. All EHCPs are allowed access to Beneficiary portal for card generation. C.No

Dr. K. Longkumer
Jt. CEO, Nagaland Health Protection Society

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66	However, Payment of Premium by SHA and Refund Premium by the Insurer are two separate activities. Payment of Premium shall be as per Clause 12.1 and Refund of Premium by Insurer shall be as per Clause 12.2. Under no circumstances, any party shall claim correlate these two activities.	36	Please clarify if the due premium is more than the refundable amount, how could Insurer refund the amount?	Refund payment only applicable when there is a refund due calculated after claim settlement.
67	The Insurer has at no time, whether prior to or at the time of submission of its Bid and at the time of execution of this Contract, been black-listed or been declared as ineligible from participating in government sponsored Schemes (including the AB PM-JAY) by the IRDAI, Central Government or any State Government.	47	We understand this condition not applicable for historical limited debarment from certain State Governments for a specific period a valid only of the current status of such direction if any	To be in the next corrigendum
68	Note: For medical cases, any drugs prescribed for post hospitalization can be booked on actuals (refer to Schedule I shared), however for surgical cases any drugs/consumables/investigations can be booked post hospitalization drugs/consumables/investigations capped at Rs. 10,000 in addition to the fixed surgical package list shared.	20	a) Please clarify the process for pre and post hospitalization claim process guidelines. b) Please confirm if any OPD procedure is covered.	a. pre and post hospitalization claims will be part of the IPD claims, no separate process. B. OPD procedure covered only if listed in the HBP
69	Post hospitalization charges upto 15 days covering drugs/consumables/investigations shall be paid separately as per prescribed rate limit as mentioned in Schedule 3B	23	In bundled package cases, post-hospitalization claims must be supported with a doctor's consultation document and other supporting documents like medicine & investigation bills as applicable.	Yes.

70	<p>CMHIS(EP) beneficiaries can avail treatment in non-empanelled hospitals in case of emergencies provided there are no CMHIS(EP) empanelled hospitals in the city/town or when Specific procedure not available in any of the empanelled hospitals with approval of the State Medical Committee.</p> <p>Beneficiaries shall avail reimbursement for the treatment undertaken as per actuals or the applicable rates under N-HBP 2024 for CMHIS(EP), whichever is lower. Claim submission and processing shall be through a separate portal developed specifically for this purpose.</p>	23	<p>a) If the N-HBP 2024 for CMHIS(EP) does not have a package for the reimbursement claim, what will be the reference for claim settlement.</p> <p>b) What will be the time line to intimate the state medical committee /insurer on each step, i.e. admission , discharge and document submission?</p> <p>c) Confirm whether the TMS have the provision to initiate re- insurance claims.</p>	<p>a. The State Medical Committee will be the final authority for the claim amount in such cases.</p> <p>B. No timeline defined as of now.</p> <p>C. separate portal set up for reimbursement claims.</p>
71	<p>If the package rate for a surgical procedure require Hospitalization or Day Care Treatment (as applicable) is not listed in Schedule 3</p> <p>exclusion for special inputs like high end medicines and radiological diagnostic , high-end histopathology (Biopsies) and advanced serology investigations packages or some other special inputs existing in the N-HBP 2024 (or are released by the SIA from time to time) which can be clubbed with medical packages.</p>	24	<p>We understand that this clause is similar to the unspecified code claim approval process and subjected for pre-authorization prior the procedure/ investigation etc.</p>	<p>kindly refer tender documents in the portal RPF VOL-III schedule 3C the guidelines for unspecified package -Page 15,16,17</p>
72	<p>Outside Nagaland, and anywhere in the country, all private hospitals that have NABH-entry level, NABH Full or JCI certified shall be eligible for empanelment under the CMHIS (EP). Applications from Hospitals that are not NABH-entry level, NABH Full or JCI certified , shall be vetted by GoN and approved after due diligence</p>	29	<p>We understand this is subject to the Schedule 3B -NHBP-CMHIS (E packages applicable only to CMHIS (EP) beneficiaries. Please confirm.</p>	<p>Yes. Applicable only for CMHIS(EP) empanelment.</p>
73	<p>All AB PM-JAY CMHIS beneficiaries shall have the option to use other sources of funding over and above AB PM-JAY CMHIS wallet (if required) for availing healthcare services as provided in Schedule 5.</p>	24	<p>Please clarify what are the possible other sources of funding.</p> <p>We understand that funding from other sources must be disclose the insurer and subject to necessary due diligence to avoid any possible fraud, waste, or abuse of the funds.</p>	<p>Government schemes like be Health Minister's Discretionary Grant (HMDG) and Rashtriya Arogya Nidhi (RAN) , as per the guidelines issued by NHA.</p>

74	Rewarding Healthy Behaviour: With a view to address the drivers of preventable rehospitalization/repeat hospitalizations leading to spiraling cost of Public Health-insurance and as a step towards Value-base insurance design (VBID), the Insurer shall incentivize beneficiaries to work towards better health. The rewards in form of health coupons/any other form mutually decided by state government and the Insurer shall be given to members families, participating in digital/physical health assessment, organized by the state / insurer or any appointed agency	27	Please clarify the mode of operation for this activity with the details of the funding.	modalities to be developed mutually with IC and SHA. Suggested source of funding, IC CSR fund.
75	9.1 The SHA shall, either on its own or through the Insurer, suspend or de-panel an EHCP from the Scheme as per the guidelines laid down by the SHA/NHA and/or as per applicable laws and/or rul	31	Kindly share the guidelines for hospital de-empamentment of a fraudulent hospital.	may refer to pmjay.gov.in for guidelines.
76	Issuance of Policies 10.1 The Insurer shall, as per th terms and conditions set forth within this Insurance Contract, issue Policies as set forth in Clause 10.1 a, Clause 10.1 b and Clause 10.1 c before the commencement of the Policy Cover Period as set fo in Clause 11. a. One policy for the basic risk cover of Rs. 5,00,000 (Rupees Five Lakh) for Beneficiary Category 1 and 2 under the AB PM-JAY CMHIS. b. O policy for the basic risk cover of Rs. 5,00,000 (Rupe Five Lakh) for Beneficiary Category 3,4 and 5 under AB PM-JAY CMHIS. c. One policy for top up cover of 15,00,000.00for Beneficiary Category 3 and Beneficiary Category 4.	31	Kindly share the claim submission and processing guidelines for top-up cover of Rs. 15 Lakh.	Basic and Top up to be considered as a single cover of 20 lakh
77	Policy Cover Period 11.2.1 In respect of each policy, base Policy Cover Period shall be for a period of 12 (twelve) months from the date of commencement of each such Policy Period as mentioned in the tables under this Clause 11.2.1. However, the subsequent policy period shall aligned with the financial year as follows:	32	We understand that the insurer is liable to accept the actual hospitalizations starting from the 1st date of the policy cover period.	Yes.

78	Subject to the provisions of Clause 14.1, the Insurer not allow any EHCP, under any circumstance whatsoever, to undertake any such earmarked procedure without preauthorization unless under emergency. In case of an emergency approval, the process defined as per the AB PM-JAY CMHIS guidelines will have to be followed.	37	a) We understand that the pre-auth needs to be taken on the day of admission for all cases, and any delay in pre-auth needs prior intimation with the justification explaining the reason for the delay b) For the packages earmarked for prior manual approval, Pre- authorization approval is mandated before elective surgeries- please confirm.	Yes.
79	Reimbursement of all claims for procedures listed under Schedule 3 and all its subschedules shall be per the financial limits prescribed for each such procedure, subject to incentives if applicable as per Schedule 3D and other provisions of this Insurance Contract	38	Kindly provide clear guidelines regarding the reimbursement process for medical treatment not covered under Schedule 3.	Guidelines for unspecified procedure is outlined in the tender.
80	The Insurer should check that the preauthorization request is accompanied by the minimum documentation required for processing the preauthorization.	38	Kindly share the list of minimum documents required for pre- authorization against individual packages.	Please refer to the updated HBP.
81	For Beneficiary Categories 3 and 4: The Insurer shall ensure that the benefits of AB PM-JAY CMHIS will be portable across the country and all Beneficiaries of CMHIS (EP) in Beneficiary Categories 3 and 4 shall be able to access services as per the provisions of Clause 5.4 of this Insurance Contract.	39	Please clarify if the CMHIS (EP) benefit will be adjudicated as per applicable package master under AB-PM-JAY for the treating state Clause 5.4 -	CMHIS (EP) benefit will be adjudicated only as per the NHBP(EP) 2024 rates, within or outside the state.
82	If a Claim is rejected because the EHCP making the Claim is not empanelled for providing the health care services in respect of which the Claim is made, then the Insurer shall, while rejecting the Claim, inform the Beneficiary of an alternate Empanelled Health Care Provider where the benefit can be availed in future.	40	We understand that only empanelled hospitals can make a claim: please confirm the applicability of this point.	Yes.
83	27.Grievance Redressal	55	Please provide the timeline applicable for stakeholders to submit grievances.	No timeline.

84	husband, wife, brother, sister, son, daughter and includes grand-father, grand-mother, grand-child, adoptive father or mother, adopted son or daughter living together as a single household. As regards government servants and government retirees, the definition of family shall be as per as the case may be, and parents, sisters widowed sisters, widowed daughters, minor brothers, children, step children, divorced/separated daughters and stepmother wholly dependent upon the government servant and are normally residing with the government servant.		9 We understand that, in laws are not covered in both categories. Specific to Govt servants and Govt retirees, grand children/grandparents not covered.	In-laws if living together as a single household as per the definition of Census will be covered under PM-JAY/CMHIS(GEN). However CMHIS(EP) family dependent shall be governed by the Government dependency rules under CS(MA) 1944.
85	CP018B Medical Per Day Package-neonatal ICU		Kindly provide the criteria to consider under Neonatal ICU admission.	CMHIS(Gen)- Admission to the NICU is as per the package /procedure name available and already specified in the HBP for CMHIS(GEN). Whereas,for CMHIS (EP) it is an unbundled package with a single package code-medical per day package NICU
86	CP018C Medical Per Day Package-ICU		Kindly clarify the documentation required for ICU admission.	Documents required for pre-authorization-Clinical notes detailing history and Admission notes showing vitals and examination findings; any investigations done; planned line of management,bed side-photograph,patient health card etc. documents for claims processing-Clinical notes, Treatment details, detailed discharge summary, All investigations reports,medicine bills,consumables bills,bed side photograph etc.
87	Colistin Colistin - 1 MU 73.92. Dose 9 MU		Kindly provide the criteria for where high-end medicines can be administered and the maximum number of permissible units to be restricted.	For CMHIS(GEN)there is a separate package for high end medicine and high end diagnostic (as specified in the master package (which can be added on along with primary/parent package for which the system will allow to only those limited package mapped with the high-end medicines and diagnostics. Where as for CMHIS(ep) no limitation as such as all the medical packages under CMHIS(EP) are unbundled.

88	Radiotherapy (Telecobalt / Strock LA)-Rs 22000		We have observed a few packages with the Same Procedure details, package details, and different codes with different amount. Kindly clarify the duplication with different rates	this to clarify that some packages are subdivided in 2-3 procedure name for example package code MR001 would have 3 procedure code
89	Radiotherapy (Telecobalt / Strock LA)-Rs 22000			
90	SC020B Pelvic Exenteration Anterior - Lap.-Rs.1296		We have observed a few packages with Laparoscopic and Open procedures with Similar rates. Kindly clarify the similarity in rates different types of procedures.	this is as per the National health authority,HBP2022 FOR ABPMJAY which we have adapt for CMHIS-general category
91	SC020D Pelvic Exenteration Total - Lap.Rs.129600			
92	SV075A IVL (coronary intra vascular Lithotripsy/ sh wave lithotripsy)		We have observed a few packages with Duplicate procedure cod with Different procedure details and rates. Kindly clarify the same.	this is due to clerical error .However the package code SV075A IVL (coronary intra vascular Lithotripsy/ sh wave lithotripsy)is the correct package code. the duplication of code SV075A For FFR is to be deleted
93	SV075A Fractional Flow Reserve (FFR) Wire cost		code for different procedure details.	correct package code for FFR IS SV024A
94	General Query		Please provide Beneficiary category wise count of e-cards issued till date. Unique family count & members count	Please refer to the worksheet -Beneficiary Data
95	General Query		Please confirm whether deduplication has been done between the beneficiary database of AB-PMJAY & CMHIS	Yes. Aadhaar based deduplication at the point of Card generation.

96	General Query		<p>Please provide the following data:</p> <p>a) Last 3 years claim dump preferably as an extract from TMS Portal or else with details like Family/NHPM ID, Date of Admission, Speciality Name & Code, Procedure Name & Code, Date of Discharge, Claim Submission Date, Hospital Hospital District, Hospital Category, Beneficiary District. Please provide such claim dump separately for cases treated Nagaland also.</p> <p>b) Enrolment data/summary</p> <p>c) Previous year's policy schedule & benefit/coverage details, addition deletion of lives</p> <p>d) Last year's per family rate/premium & total premium paid last year. (In Excel format) for ABPIAY category.</p> <p>e) For Pensioners & Employees total count and amount claimed as re-imburement for the last 5 years</p>	Please refer to the attached worksheets for the requested data. Please note that Insurance for Employees and Pensioners was launched only in October 2022.
97	General Query		Kindly Provide last year's and proposed package list in excel format	attached.
98	General Query		<p>We understand that an employee or pensioner & his family can avail of only those packages listed under N-HBP 2022 CMHIS (EP) package master. And the CMHIS(GEN) beneficiaries and their families can exclusively avail themselves of treatment under the N-HBP 2022 for CMHIS (GEN) package master. The Packages and eligible rooms selection would be determined according to the beneficiary category CMHIS (EP) and CMHIS (GEN), respectively. Please clarify.</p>	Yes.

99		District wise Family Details	Please provide 1. District wise Family count (for Both EP & GEN categories) 2. Avg Family Size/Total lives to be covered for both CMHIS (GEN) and CMHIS (EP)	District wise data not available. Please refer to the worksheet -Beneficiary Data
100		Employees posted outside state	Please provide no. of employees posted outside state/ state wise (the case may be)	Not available.
101		Pensioner definition	Please confirm whether the family pensioners (spouse of deceased govt employee) covered under the scheme. If yes no. of such families	Yes. Not available.
3	HDFC	Coverage and compliance	Rewarding healthy behaviour benefit will form part of insurance programme or it will be included under the Administrative Cost allowed? Is there any separate experience available for this benefit provided?	modalities to be developed mutually with IC and SHA. Suggested source of funding, IC CSR fund.
		Policy Related Query	Instalment wise premium data of the last 3 Financial years	Please refer to the worksheet- Scheme Summary
			If there has been any change in coverage in past 3 years, please highlight the changes policy year wise.	Please refer to the worksheet- Scheme Summary
			Please confirm, in case if Claims Ratio exceeds 85% then what will be the administrative cost and if there is an Loss sharing arrangement beyond a certain claims ratio, then please highlight the same.	no loss sharing arrangement.
			Please highlight the percentage increase in packages rates year-on-year in the last 3 years together with the detailed package information including the cost for last 3 years.	previous year HBP provided for package bu package comparison, no blanket percentage increase.
		Enrolment Related Query	Please Share the number of Families and Lives covered under the policy at Inception of the policy and at expiring of the policy for past 3 years.	Please refer to the scheme summary

				In addition to above point, if enrolment data is available for the families being covered for past 3 year, then please share the same month on Month.	Please refer to the worksheet -Beneficiary Data
		Claim Related Query		The Claims dump provided is missing some critical field for evaluation of performance as mentioned below: 1. Loss Date/Date of Admission. 2. Date of Settlement of Claims 3. Unique Identifier of any family. 4. Procedure Code 5. Workflow Status (Please define the status as paid, outstanding and rejected as there are multiple status which is not easily identifiable) 6. There are many rows in claims dump which has empty "Claim Sub. Amt", so please confirm the status and amount for such claims to truly confirm the Incurred Claims.	Please refer to the claims data worksheet attached. If claimssubmitted amount is empty, it may be in preauthorisation approved status.
				Please help us with the claims of Past 3 Years as well.	Please refer to the claims data worksheet attached
4	United India Insurance Co. Ltd. (A Govt. of India Undertaking)	Previous insurance policy copies of last three years			NA
		Claim data of the last three years policies			Please refer to the claims data worksheet attached
5	Bajaj Allianz GIC Ltd	1. What was policy inception and end date under insurance and trust mode for last 2 years.			Please refer to the scheme summary
		2. What is current category wise and family wise breakup, which was covered, and premium rate per family and total premium aid to the Insurance Company for each of the categories for 22-23.			Please refer to the scheme summary
		3. Month wise enrolment for all categories particularly category 4 & 5.			Please refer to Beneficiary data worksheet monthwise data not available.

		4. Please share details of category 5. What is total universe from which 20,000 approximation can be covered. How this 20,000 will be decided? Are these predefined families and govt will share data on day 1 or it is purely on basis of enrolment. If enrollment, we assume the government will share the enrollment data on daily basis.			The beneficiary universe to be considered in the Census 2011 data. Please refer to the beneficiary data worksheet.
		5. Though the tender defines enrollment and premium calculation please redefine with clarity.			Premium will be paid on the minimum guaranteed households as detailed in the tender. Any enrollment in excess of the minimum guaranteed household shall be on prorata basis as defined in the tender document.
		6. Will insurer get the detailed beneficiary wise enrolment data? This is most important considering there is continuous enrolment.			Yes. open access to portal tracking enrolment.
		7. Please share package wise data for Package change impact. Also share category wise top 100 most utilized packages.			shared previous year HBP for comparison and claims data dump for analysis.
		8. Is there no change at all in last 2 years in employees and pensioners? There must be exact data of these families of pensioners rather than approximation of pensioners and category 5.			only approximation.
		9. What is existing premium, premium received by insurer for 22-23 with calculation and beneficiaries covered on monthly basis, LR calculation.			Please refer to scheme summary and Claims data dump for analysis.
		10. We assume that minimum number of families for which premium would be paid in full is 3,76,593. Please confirm. Will enrolment be there throughout the year?			Yes. Yes
		11. Please share all changes in new tender as compared to existing tender.			Provided previous tenders for comparison.
		12. Total hospitals empaneled- public and private in the state and outside the state.			Refer to worksheet on EHCPs
		13. Hospital wise claims data.			Please refer to Claims data dump
		14. Policy year wise table of PMJAY family / rate/ claim count/ amount. Also for Government Employees and Pensioners.			Please refer to scheme summary and Claims data dump for analysis.

		Actuarial Certificate to be attached with the Technical or Financial Bid? Please confirm.			With the Financial bid.
	M/s. Star Health & Allied Insurance Co Ltd.	1) Insurer Name & Certified policy copy.			Please refer to claim summary sheet
		2) TPA Name & Claims dump duly certified by TPA			Engagement of IC by the SHA, not TPA. Claim dump from Portal shared.
		3) District wise last year premium			No segregation by district
		4) District wise policy period & Number of persons covered			No segregation by district.
		5) Renewal date.			Please refer to claim summary sheet
		6) Modifications in scope of cover from the existing scheme.			Please refer to previous tender shared for comparison.
7	Go Digit General Insurance Ltd.	1. Is there is any change in package rates in the last two policy period?			Yes, please refer to the previous HBP and current HBP for comparison
		2. Was the previous policy on assurance /insurance mode ?			Currently on Trust Mode.
		3. Category wise Enrollment summary for last 5 Years ?			Please refer to beneficiary data sheet.
		4. Claims data for last 3 years basis date of intimation, date of loss, reason of loss, claim status (settled, rejected, or withdrawn), settled amount, claimed amount, category description, package name and Hospital name ?			Please refer to claims data dump sheet
		5. Year wise details of hospitals empaneled in the last 5 Years.			Please refer to EHCP sheet
		6. Any change in terms and conditions in the last two years since we see a significant increase in claimed amount for 2022-23 and 2023-24?			Please refer to the previous tender document for comparison.