REQUEST FOR PROPOSAL

FOR

Selection of Agency
for
Medical Audit and Field Investigation
under
Ayushman Bharat Pradhan Mantri Jan Arogya Yojna
Chief Minister Health Insurance Scheme (AB PM-JAY CMHIS)
In the State of Nagaland

Volume 1
Instruction to Bid

ISSUED BY:

Nagaland Health Protection Society
Department of Health and Family Welfare
Government of Nagaland
30/10/2025

Contents

Abbreviations

AB PM-JAY	Ayushman Bharat – Pradhan Mantri Jan Arogya Yojana
BFU	Beneficiary Family Unit
CGHS	Central Government Health Scheme
CMHIS	Chief Minister Health Insurance Scheme
CMHIS (EP)	CMHIS for Employees and Pensioners of the Government of Nagaland
CMHIS (GEN)	CMHIS for General Population (including AB PM-JAY Beneficiaries)
EHCP	Empanelled Health Care Provider
GoN	Government of Nagaland
ICU	Intensive Care Unit
INR	Indian Rupees
IRDAI	Insurance Regulatory Development Authority of India
KPI	Key Performance Indicator
MoHFW	Ministry of Health & Family Welfare, Government of India
NHA	National Health Authority
NHPS	Nagaland Health Protection Society
N-HBP 2025	Nagaland Health Benefit Package 2025
NOA	Notification of Award
RC	Risk Cover
RFP	Request for Proposal
SHA	State Health Agency (also referred to as Nagaland Health Protection Society)
STG	Standard Treatment Guideline

Bid Data Sheet

Project title	RFP for Selection of Agency for Concurrent Medical Audit and Field Investigation for Policies under Ayushman Bharat Pradhan Mantri Jan Arogya Yojna Chief Minister Health Insurance Scheme (AB PM-JAY CMHIS) In the State of Nagaland
Name of Bid Inviting Authority	Nagaland Health Protection Society, Department of Health and Family Welfare, Government of Nagaland
Name and Contact of Officer	Name: Thavaseelan K, IAS Designation: CEO, Nagaland Health Protection Society Address: 4th Floor, NHPS Office, Drug Control Building, Directorate of Health and Family Welfare Complex, Ruziezou, Kohima-797004 Email: nagaland.nhps@cmhis.nagaland.gov.in
Language of bid	English
Currency of bid	Indian Rupees (INR)
Tenure of the Insurance Contract	Tenure for 3 (three) years for concurrent audit However, the contract maybe renewed annually based on performance
Bid Processing Fees	Nil
Earnest Money Deposit	Nil
Mode for submission of Bids	Bids must be delivered by hand or by registered Post or through courier to the following address: Nagaland Health Protection Society Directorate of Health & Family Welfare Complex Below Nagaland Civil Secretariat Complex, Ruziezou, Kohima- 797 004
Mode of Selection	Single Stage, Two Envelopes (Technical and Financial) Least Cost System
Date of publishing of Tender Document	30/10/2025
Last date of receiving queries	07/11/2025, 16:00 Hrs
Pre-bid meeting	07/11/2025, 12:00 Hrs ; (Hybrid: physical & virtual meeting)
Issue of Addendum / revised Tender Document (if required)	10/11/2025
Last date and time of bid submission (Bid Due Date)	22/11/2025, 12:00 Hrs
Validity of Bid	180 days from Bid Due Date, excluding the last date of Bid submission.
Date and time of technical bid evaluation	22/11/2025, 13:00 Hrs

Date and time of Financial Bid opening	22/11/2025, 15:00 Hrs
Issue of Notice of Award (NOA) and Draft Contract Sharing	24/11/2025
Acceptance of Notice of Award	27/11/2025
Signing of Contract	28/11/2025

Notes:

1. The Bidding process schedule set out above is indicative in nature and the SHA may, at its sole discretion and without prior notice to the Bidders, amend the Bid Process Schedule.

2. The responsibility shall lie with the Bidders to verify the Bid Process Schedule and the SHA shall not incur any liability whatsoever arising out of amendments to the Bidding Process Schedule.

3. The SHA shall give notice of changes to the Bidding Process Schedule, if any, by Addendum. All bidders are advised to check for further clarifications, amendments/addendums and corrigendum related to this RFP at the following website:
   *Website**: cmhis.nagaland.gov.in***

4. This document is not transferable.

Disclaimer

The information contained in this Tender Document (also referred to as the **Request for Proposal** – **RFP**) or subsequently provided to the interested Bidders by the SHA, is being provided to the interested Bidders on the terms and conditions set out in this RFP. The purpose of this RFP along with all its addendums, if any and such other terms and conditions, is to provide interested and eligible parties with information that may be useful to them in making their pre-qualification, and financial offers pursuant to this RFP.

This RFP includes statements, which reflect various assumptions and assessments arrived at by the State Health Agency (SHA) in relation to the AB PM-JAY CMHIS. Such assumptions, assessments and statements do not purport to contain all the information that each Bidder may require.

This Tender Document is not an agreement and is neither an offer nor invitation by the Government of Nagaland (hereinafter also referred to as the **GoN** or the **State Government**) to the prospective Bidders or any other person. The purpose of this Tender Document is to provide the Bidder(s) with information to assist the formulation of their Bid. This Tender Document may not be appropriate for all persons and it is not possible for the State Government or the SHA or its representatives, to consider the objectives, financial situation and particular needs of each Bidder who reads or uses this Tender Document. Each Bidder should conduct its own investigations and analysis and should check the accuracy, reliability and completeness of the information in this Tender Document, and where necessary, obtain independent advice from appropriate sources. Neither the State Government nor the SHA nor their employees or their consultants or their advisors make any representation or warranty as to the accuracy, reliability or completeness of the information in this Tender Document. The State Government or the SHA or their employees or their consultants or their advisors shall incur no liability under any law including the law of contract, tort, the principles of restitution, or unjust enrichment, statute, rules or regulations as to the accuracy, reliability or completeness of the Tender document. The statements and explanations contained in this Tender Document are intended to provide an understanding to the Bidders about the subject matter of this Tender and should not be construed or interpreted as limiting in any way or manner the scope of services and obligations of the Bidders that will be set forth in the Contract or the State Government's or SHA's rights to amend, alter, change, supplement or clarify the scope of work, or the Contract to be signed pursuant to this Tender Document the terms thereof or herein contained. Consequently, any omissions, conflicts or contradictions in the Bidding Documents, including this Tender Document, are to be noted, interpreted and applied appropriately to give effect to this intent, and no claim on that account shall be entertained by the State Government or the SHA.

Information provided in this Tender Document to the Bidder(s) is on a wide range of matters, some of which may depend upon interpretation of law. The information given is not intended to be an exhaustive account of statutory requirements and should not be regarded as a complete or authoritative statement of law. The State Government or the SHA accepts no responsibility for the accuracy or otherwise for any interpretation or opinion on law expressed herein.

The State Government or the SHA, its employees, consultants and advisors make no representation or warranty and shall have no liability to any person, including any Bidder or Bidder(s) under any law,

statute, rules or regulations or tort, principles of restitution or unjust enrichment or otherwise for any loss, damages, cost or expense which may arise from or be incurred or suffered on account of anything contained in the Tender Document or otherwise, including the accuracy, adequacy, correctness, completeness or reliability of the Tender Document and any assessment, assumption, statement or information contained therein or deemed to form part of the Tender Document or arising in any way for participation in this Bid.

The State Government or the SHA or its employees, consultants and advisors accept no liability of any nature whatsoever whether resulting from negligence or otherwise, howsoever caused, arising from reliance of any Bidder upon the statements contained in this Tender Document.

The State Government or the SHA may at its absolute discretion, but without being under any obligation to do so, update, amend or supplement the information, assessment or assumptions contained in this Tender Document.

The issue of this Tender Document does not imply that the State Government or the SHA is bound to select a Bidder or to appoint the Selected Bidder or Service Provider, as the case may be, for the AB PM-JAY CMHIS and the State Government reserves the right to reject all or any of the Bidders or Bids without assigning any reason whatsoever.

The Bidder shall bear all its costs associated with or relating to the preparation and submission of its Bid including but not limited to preparation, copying, postage, delivery fees, uploading, expenses associated with any demonstrations or presentations which may be required by the State Government or the SHA or any other costs incurred in connection with or relating to its Bid. All such costs and expenses will remain with the Bidder and the State Government shall not be liable in any manner whatsoever for the same or for any other costs or other expenses incurred by a Bidder in preparation or submission of the Bid, regardless of the conduct or outcome of the selection process.

Definitions and Interpretations

1. **Addendum or Addenda** means document issued in continuation or as modification or as clarification to certain points in the Tender Document. The bidders would need to consider the main document as well as any addenda issued subsequently by the SHA for responding to the Bid.

2. **AB PM-JAY** shall refer to Ayushman Bharat – Pradhan Mantri Jan Arogya Yojana, a scheme managed and administered by the Ministry of Health and Family Welfare, Government of India through the National Health Authority (NHA) with the objectives of providing and improving access of validated Beneficiary Family Units to quality inpatient care and day care surgeries for treatment of diseases and medical conditions through a network of Empanelled Health Care Providers for the risk covers defined in in this document and also for reducing out of pocket health care expenses .

3. **AB PM-JAY Beneficiary Family Unit** refers to those families including all its members figuring in the Socio-Economic Caste Census (SECC)-2011 database under the deprivation criteria of D1, D2, D3, D4, D5 & D7, Automatically Included category (viz as Households without shelter, Destitute-living on alms, Manual Scavenger Families, Primitive Tribal Groups and Legally released Bonded Labour) and 11 broadly defined occupational un-organised workers (in Urban Sector) of the Socio-Economic Caste Census (SECC) 2011 database of the State/ UT Government, along with the existing enrolled RSBY Beneficiary Families not figuring in the SECC Database of the State and NFSA ration card holder families of Nagaland satisfying the eligibility criteria set forth in Clause 1.3 referred to as AB-PM JAY Beneficiary Family Unit henceforth in the document.

4. **AB PM-JAY CMHIS Nagaland or the Ayushman Bharat – Pradhan Mantri Jan Arogya Yojana Chief Minister Health Insurance Scheme Nagaland** means the converged health insurance scheme of AB PM-JAY and the CMHIS launched by the Government of Nagaland as set forth in Section 1 of this Tender Document.. For the purpose of this document, AB PM-JAY and AB PM-JAY CMHIS shall mean the same scheme and these terms are used and will be interpreted interchangeably.

5. **Abuse/Waste** Abuse refers to those provider practices that are inconsistent with sound fiscal, business, or medical practices, and result in an unnecessary cost to the AB PM-JAY CMHIS, or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for health care. It also includes beneficiary practices that result in unnecessary cost to the AB PM-JAY CMHIS.
   'Waste' refers to unintentional inadvertent use of resources (e.g., prescribing high cost medicines when generic versions are available).

6. **AFO login** Anti-Fraud Officer Login for Audit of claims

7. **Applicable Laws:** All laws, brought into force and effect by the Government of India or the Government of Nagaland, including rules, regulations and notifications made there under, and judgments, decrees, injunctions, writs and orders of any court of record, applicable to this RFP.

8. **Audit** Audits shall comprise of both desk audits, or social audits including telephonic audits, field visits and forensic audit where necessary to achieve audit objectives as given under this Tender Document.

9. **Authorized Signatory** The Bidder's representative/ officer vested explicitly, by means of a power of attorney as per this RFP with the powers to commit the authorizing organization to a binding agreement. In case of a corporate body, such power of attorney has to be supported by a board resolution duly certified by the company secretary/director of such corporate body.

10. **Beneficiary** means all people who are residents of the state as defined in Clause 1.3 of this Tender document.

11. **Beneficiary Family Unit** 'Family means father, mother, 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 the Central Services (Medical Attendance) Rules 1944 – a government servant's wife or husband 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.

12. **Benefit Risk Cover or Benefit Cover** refers to the annual basic cashless hospitalisation coverage of Rs. 5,00,000/- (Rupees five lakhs only) on a family floater basis, that all the insured families would receive under the AB PM-JAY CMHIS beneficiary family units.
    In addition, beneficiaries belonging to the category CMHIS (EP) i.e., Employees and Pensioners of the Government of Nagaland are eligible for top up cover of Rs.15,00,000/- (Rupees fifteen lakhs only) over and above basic cover.

13. **Bid** refers to a bid containing Qualification Bid and Financial Bid, that is submitted by an eligible Agency for qualification and award of the Contract in accordance with this Tender Document as per the provisions laid down therein. Bid(s) shall collectively refer to all Bids submitted by all the interested Bidders.

14. **Bidder(s)** refer to eligible agencies that submit their Bids within the Bid Due Date in accordance with this Tender Document.

15. **Bid Validity Period** shall mean the period of 180 days from the Bid Due Date (excluding the Bid Due Date) for which each Bid shall remain valid.

16. **Claims Audit** Audit of claims submitted by Hospitals

17. **CMHIS or the Nagaland Chief Minister Health Insurance Scheme** means the health insurance scheme launched by the Government of Nagaland.
18. **Companies Act** refers to the Companies Act, 2013, provided that references to any repealed provision contained in the Companies Act, 1956 shall be read as references to the corresponding provision contained in the Companies Act, 2013.

19. **Conditions Precedent** means conditions precedent to signing the Contract and refers to the conditions to be fulfilled by the Insurer prior to the execution of the Contract.

20. **Contract** means Contract which shall be executed between the selected bidder and the SHA for the execution of work outlined in the tender.

21. **Days** mean and shall be interpreted as calendar days unless otherwise specified.

22. **Desk Claim Audit** Audit of claims on basis of documents uploaded by Hospital on Transaction Management Software and NHA / SHA Guidelines including Standard Treatment Guidelines and other instructions issued from time to time

23. **Disciplinary Action** Shall mean any decision taken by competent authority in terms of Guidelines, Standard Operating Procedures, Notifications, Directions or Orders issued by SHA, NHA, or Government of Nagaland.

24. **DoHFW** shall mean and refer to the Department of Health and Family Welfare, Government of Nagaland.

25. **EHCP or Empanelled Health Care Providers** shall mean and refer to those public or private health care providers who are empanelled by the SHA for providing services to the Beneficiaries under the AB PM-JAY CMHIS within or outside the state of Nagaland.

26. **Financial Bid** refers to financial bid submitted by a Bidder to the SHA in response to this Tender Document, in the format provided in Annexure 9 of the Tender Document.

27. **Financial Year** means the accounting year (viz. 1st April to 31st March) followed by the Government of Nagaland in the course of its normal business in India.

28. **Forensic Audit** means detailed investigation into a claim with the sole purpose of examining circumstances, documents and payments relating to such claim with the objective of establishing veracity of the claim and detection of fraud, abuse, waste and material misrepresentation relating to such claims made.

29. **Fraud** shall mean and include any intentional and/or wilful deception, manipulation of facts and / or documents or misrepresentation made by a person or organization with the knowledge that the deception could result in unauthorized financial or other benefit to herself/himself or some other

person or organization. It includes any act that may constitute fraud under any applicable law in India.

30. **Government employees** shall mean all regular employees under the GoN who are entitled for Monthly Medical Allowance and Medical Re-imbursement scheme.

31. **Government of Nagaland or the GoN** means and refers to the duly elected Government in the State of Nagaland in which the tender is issued (same as the **State Government**).

32. **Health Insurance** Health insurance is a type of insurance that covers medical expenses.

33. **Health Insurance Policy** is a contract between an Insurer and an individual /group/household/family in which the Insurer agrees to provide specified health insurance cover at a particular "premium".

34. **HEM** Hospital Empanelment Module provided by NHA.

35. **Hospital Audit** Hospital audit carried out on field on basis of desk audit findings and inspection of Hospital Infrastructure and Health Services availability and compliance with all relevant statutes.

36. **IEC** shall mean Information Education and Communication and refer to all such efforts undertaken by the State Health Agency, the State/ UT Government that are aimed at promoting information and awareness about the AB PM-JAY CMHIS and its benefits to the potential beneficiaries in particular and to the general population at large.

37. **IT** Information Technology

38. **Material Misrepresentation** shall mean an act of intentional hiding or fabrication of a material fact which, if known to the other party, could have terminated, or significantly altered the basis of a contract, deal, or transaction.

39. **MoHFW** shall mean the Ministry of Health and Family Welfare, Government of India.

40. **NAFU** National Anti-Fraud Unit

41. **NAFU Triggers** Fraud -triggers generated by NAFU from time to time.

42. **Nagaland Health Benefit Package 2025** or the **N-HBP 2025** refers to the package of services required to treat a condition/ailment/ disease that insured beneficiary families would receive under the Scheme.

43. **NDA** A non-disclosure agreement signed by the personnel hired by the Agency

44. **NHA** National Health Authority, Government of India.

45. **Other Government Officials** shall mean regular employees of State Public Sector Undertakings of the Government of Nagaland, Corporations and Autonomous Bodies, who are/were entitled for Monthly Medical Allowance and Medical Re-imbursement scheme of the Government of Nagaland.

46. **Policy Cover Period** shall mean the standard period of 12 (twelve) calendar months from the date of start of the Policy Cover or lesser period as per contract entered between the SHA and the Insurer.

47. **Qualification Bid** refers to the qualification Bid submitted by a Bidder, in the format provided in Annexure 1 to Annexure 8 and Annexure 10 to Annexure 11 of this RFP.

48. **Risk Cover** shall have the same meaning as **Benefit Risk Cover or Benefit Cover.**

49. **SAFU** State Anti-Fraud Unit

50. **Scheme** shall have the same meaning as the **AB PM-JAY CMHIS**.

51. **Selected Bidder** shall refer to and mean the Successful Bidder who has been selected by the SHA through the Bid exercise and has agreed to the terms and conditions of this Tender Document and has signed the Contract with the SHA.

52. **Service Area** refers to all the existing districts and any new districts that may be created by the state government in the geographical territory of the state of Nagaland at any point in time for the implementation of the Scheme.

53. **State Government** refers to the duly elected Government in the State of Nagaland in which this Tender Document is issued (same as the Government of Nagaland).

54. **State Health Agency** (SHA) refers to the Nagaland Health Protection Society - agency/ body set up by the Government of Nagaland for the purpose of coordinating, managing, and implementing the AB PM-JAY CMHIS in the State of Nagaland.

55. **Successful Bidder** shall mean the Bidder (Agency) whose bid document is responsive, which has been prequalified and whose total financial bid is the lowest among all the shortlisted Bidders as per the bid evaluation criteria set forth in Clause 6 of this Tender Document and whom the State Government intends to select and with whom it signs the Contract for this Scheme.

56. **Tender Documents** refers to this Tender Document published on **30/10/2025** including Volume 1: Instruction to Bid and Volume 2: Draft Contract. Without prejudice, the Tender Documents shall include all Addenda issued by the SHA, any written responses of queries and any other documents made available by the SHA to the Bidders from time to time during the Tendering process.

57. **TMS** Transaction Management Software provided by NHA.

1. Introduction And Background

1.1 The name of the Scheme is the "**Ayushman Bharat Pradhan Mantri Jan Arogya Yojna-Chief Minister Health Insurance Scheme**" or the "**AB PM-JAY CMHIS**" and shall hereafter also be referred to in this Tender Document as the "**Scheme**".

1.2 The Ministry of Health and Family Welfare (MoHFW), aims to reduce the out of pocket healthcare expenditures and to improve access of poor and vulnerable families who are included in SECC Database under D1, D2, D3, D4, D5 and D7 category (in case of Rural Population), Automatically Included category and 11 broadly defined occupational un-organised workers(in Urban Sector) of the Socio-Economic Caste Census (SECC) database of the State/ UT Government along with the existing enrolled RSBY Beneficiary Families not figuring in the SECC Database of the State / UTs to quality inpatient care and day care surgeries for treatment of diseases and medical conditions pertaining to secondary and / or tertiary treatment through a network of Empanelled Health Care Providers (EHCP), to the beneficiaries for the risk covers as defined in Clause 1.5.

The Government of Nagaland (GoN) has launched the Chief Minister Health Insurance Scheme (CMHIS) in the State of Nagaland in convergence with AB PM-JAY, covering State Government Employees and Pensioners and households not covered by AB PM-JAY.

1.3 **Beneficiaries Families Covered**:

The unit of enrolment is a Beneficiary Family as follows:

1.3.0 Beneficiaries Covered under AB PM-JAY

a. Families entitled for benefits under the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana (AB PM-JAY);
b. Additional categories who have been extended benefits of the AB PM-JAY by the Government of India (GoI): e.g., Building and other Construction Workers (BoCW);

1.3.1 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;
b. GoN pensioners and ex- Parliamentarians/Legislators; and
c. Any uncovered households with a valid Ration Card/ Permanent Resident Certificate (PRC) or indigenous Inhabitant Certificate (IIC).

The estimated number of families in above 5 (five) categories are as provided in Table below:

Category	Category description	Minimum number of beneficiary families for which fees will be paid*
Cat 1: AB PM-JAY	Those eligible under (AB PM-JAY)	2,59,468
Cat 2: Additional AB PM-JAY	Additional categories who have been extended benefit of PM-JAY, e.g., Building and Construction Workers (BoCW)	
Cat 3: GoN regular employees and other officials	3A: Regular employees of the GoN and other officials currently employed at Pay Level 15 and above and serving Parliamentarians/Legislators	1,029
	3B: Regular employees other officials of the GoN currently employed at Pay Level 10 to 14	6,912
	3C: Regular employees other officials of the GoN currently employed at Pay Level less than 10	64,184
Cat 4: GoN Pensioners	4A: Pensioners of the GoN and other officials who retired at Pay Level 15 and above and ex-Parliamentarians/Legislators	25,000**
	4B: Pensioners of the GoN and other officials who retired at Pay Level 10 to 14	
	4C: Pensioners of the GoN and other officials who retired at Pay Level less than 10	
Cat 5: (5a and 5b) General Population	Individuals not falling under any of the Categories 1 to 4 5a: NFSA card holders 5b: residents with valid Permanent Resident Certificate (PRC) or indigenous Inhabitant Certificate (IIC)	20,000
Total number of Beneficiary Family Units* **		**3,76,593**

** Pensioner data segregated by payscale may be considered to be proportionate to the segregation by payscale of Government employees under Cat 3.*

*** It is expected that total families enrolled could be +-20% of the projected total families.*

1.4 Two coverage types: From the point of view of benefits, the benefits under the AB PM-JAY CMHIS are divided into two types: (a) Benefits for those eligible under AB PM-JAY and the uncovered general population herein after referred to as the CMHIS (GEN), where "GEN" connotes General Population; and (b) Benefits for government employees and pensioners herein after referred to as the CMHIS (EP) where "EP" connotes Government Employees and Pensioners. Table below provides details of coverage type for which each beneficiary category is eligible.

Category	Population category	Coverage type
Cat 1	Those eligible under (AB PM-JAY)	CMHIS(GEN)
Cat 2	Additional categories who have been extended benefit of AB PM-JAY, e.g., Building and Construction Workers (BoCW)	CMHIS(GEN)
Cat 3	Regular employees and other officials of the Government of Nagaland and serving Parliamentarians/Legislators	CMHIS(EP)
Cat 4	Pensioners of the Government of Nagaland and ex-Parliamentarians/Legislators	CMHIS(EP)
Cat 5	Individuals not falling under any of the Categories 1 to 4	CMHIS(GEN)

1.5 **Risk Cover:** The Scheme provides hospitalization cover up to Rs.5 lakhs per annum on a family floater basis to all eligible beneficiary families of Nagaland. Any member of the covered family can avail treatment within the family 'wallet' of Rs.5 lakhs per annum.
In addition, beneficiaries belonging to the category CMHIS (EP) i.e., Employees and Pensioners of the GoN are eligible for top up cover of Rs. 15,00,000/- (Rupees fifteen lakhs only) over and above basic cover. The Basic Cover including the top up cover, wherever applicable, is the Sum Insured.

1.6 **Cashless services:** All hospitalizations/treatment under the Insurance Cover of the Scheme are on a cashless basis for the beneficiary; and empanelled hospitals that provide services under the AB PM-JAY CMHIS are reimbursed for the same subsequently as per the package rates defined under the Scheme upto the available Sum Insured during a Policy Period.

1.7 **Mode of administering the AB PM-JAY CMHIS**: The AB PM-JAY CMHIS is administered through an Insurance mode upto the annual Sum Insured. Refer to table under this Clause 1.7 for details.

The Insurance Company bears the financial risk, and the State Government's liability is limited to the agreed premium per Beneficiary Family Unit (BFU). The Insurance Company 'underwrites' the risk and performs all functions in consideration of the 'premium' paid for all covered families. The Insurance Company bears the liability, empanel hospitals, process transactions, settle and pay claims, manage grievances, etc.

Category		Basic Cover up to ₹ 5 lakhs per annum	Top-up cover up to ₹ 15 lakhs per annum*
Category 1	AB PM-JAY	Insurance mode	Not applicable
Category 2	Additional AB PM-JAY	Insurance mode	Not applicable
Category 3	GoN employees and other officials, and serving Parliamentarians/Legislators	Insurance mode	Insurance mode

Category 4	GoN pensioners and ex-Parliamentarians/Legislators	Insurance mode	Insurance mode
Category 5	General population	Insurance mode	Not applicable

1.8 **Nagaland Health Benefit Package 2025:** The Nagaland Health Benefit Package 2025 (hereinafter called the N-HBP 2025) is divided in two categories: N-HBP 2025 for CMHIS (GEN) and N-HBP 2025 for CMHIS (EP). Refer to Clause 1.4 for distinction between CMHIS (GEN) and CMHIS (EP). The details of these two categories of N-HBP 2025 are furnished below:

1.8.1 N-HBP 2025 for CMHIS (GEN)

1.8.1.1 **Procedures**: The Scheme covers approximately 1950 in-patient procedures across 27 major clinical specialties. The procedures includes both surgical and medical procedures and limited day-care packages. The list may undergo revisions, additions and deletions as the Scheme progresses, based on the feedback and suggestions received from stakeholders.

1.8.1.2 **Bundled package costs**: The package cost is an all inclusive cost which is payable for a particular procedure (including medical management cases). Cost of Implants, high end drugs and diagnostics may be additional in case of a few specific procedures.

1.8.1.3 **Package prices:** The package prices have been fixed by the DoHFW, GoN in consultation with relevant experts and providers, also taking help of relevant guidelines laid down by the National Health Authority (NHA) from time to time, as modified and applicable to Nagaland. The SHA may revise the package prices at regular intervals.

1.8.1.4 **Standard Treatment Guidelines (STGs)**: The Insurer ensures that EHCPs comply with the mandatory documents specified in the STGs to the extent possible for submission of uniform set documents for claim in support of particular procedure booked for treating a patient, thereby improving operational efficiencies.

1.8.2 N-HBP 2025 for CMHIS(EP)

Under the Scheme, all Beneficiaries under Category 3 (GoN employees) and Category 4 (GoN pensioners are entitled to in-patient care with differential room entitlement as per their employee grade (refer to table below).

Employee classification as per Pay Level	Room entitlement	Maximum Room Rate (Per day)
Pay Level 15 and above	Private ward	4500
Pay Level 10-14	Semi-private ward	3000
Pay Level 9 and below	General Ward	1500
All levels	Day Care (6-8 hours)	500

a) Room rent is applicable only where prescribed treatment package rates are not available. Room rent includes charges for occupation of bed, diet for patient, charges for electricity and water supply, linen charges, nursing charges and routine up keeping.
b) For patients availing bundled health benefit packages (surgical packages), no separate room rent shall be payable.
c) For patients availing of medical management packages, room rents, medicines and consumables are booked as per utilization and paid as per the rates defined.
d) Private ward, semi-private ward, and general ward are as per the definitions given by CGHS. Entitlement to rooms and exceptions in case of non-availability of entitled category accommodation, admission to a higher or lower category of accommodation, etc. is as per extant CGHS guidelines.

1.8.2.1 The benefits under the CMHIS (EP) are organized on a cashless basis at empaneled hospitals except for cases mentioned in Clause 1.8.2.4, which are on a reimbursement basis.

1.8.2.2 For treatment of CMHIS (EP) beneficiaries in CMHIS(EP) empaneled hospitals:

a) 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 are the same for investigation irrespective of the room entitlement.
b) Package rate includes all the expenses for in-patient treatment, and specific daycare procedures. Beneficiaries are 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):
    - Registration charges
    - Admission charges
    - Accommodation charges
    - Diet charges
    - Operation charges
    - Injection charges
    - Dressing charges
    - Doctor consultant charges
    - ICU/ICCU charges
    - Monitoring charges
    - Transfusion charges
    - Anesthesia charges

- Operation theatre charges
- Procedural charges
- Surgeon fee
- Surgical disposables cost
- Medicines cost
- Physiotherapy charges
- Nursing charges
- Investigation Charges

c) For implants, stents, grafts, consumables, drugs, not specifically mentioned in the NHBP 2025 for CMHIS (EP) list, NPPA (National Pharmaceutical Pricing Authority) ceiling rates are applicable. If no prescribed ceiling rates are available, the cost is paid as per actual.

1.8.2.3 For treatment of CMHIS (EP) beneficiaries outside Nagaland in GOI hospitals empanelled through CGHS:

For CMHIS (EP) beneficiaries accessing treatment at any of the GOI hospitals, i.e., all AIIMS hospitals, which are empanelled under Central Government Health Scheme (CGHS), prevalent CGHS rates applicable for that city across India with room category as per their room entitlement as set forth in the Table under Clause 1.8.2 above are applicable. For the sake of clarity, no other incentives referred to elsewhere in this document are applicable to such GOI hospital. However, if these hospitals are empanelled specifically under CMHIS(EP), all applicable incentives are applicable to the hospitals.

1.8.2.4 For treatment of CMHIS (EP) beneficiaries outside Nagaland in case of emergencies:

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 procedures not available in any of the empaneled hospitals with approval of the State Medical Committee. Beneficiaries avail reimbursement for the treatment undertaken as per actuals or the applicable rates under N-HBP 2025 for CMHIS(EP), whichever is lower. Claim submission and processing is through a separate portal developed specifically for this purpose.

1.8.2.5 All beneficiaries under Category 3: GoN employee and other officials, and serving Parliamentarians/Legislators are allowed to avail of care with room upgrade per their room entitlement provisions outlined in Table under Clause 1.8.2 above.

1.8.2.6 All beneficiaries under Category 4: GoN pensioners are allowed to avail of care with room upgrade as per their room entitlement given in Clause 1.8.2 above based on the employee classification level at which they retired from service with the GoN.

1.8.2.7 STG as applicable for treatment of CMHIS (GEN) beneficiaries, is applicable for the CMHIS (EP) as well.

2. Purpose of this RFP & Brief Description of the Selection Process

Insurance: The Policy for the year 2025-26 was taken from M/s Reliance General India Insurance Co. Ltd. on the above terms and the details of the Policy and Claims are as follows:

Cover	Premium Per Family (₹)
Rs. 3,00,000 cover Beneficiary Family Unit eligible for BASIC RISK COVER to meet hospitalization expenses as per the Scheme for PM-JAY and CMHIS (GEN)	2,230.25
Top up cover of INR 2 Lakh for PMJAY and CMHIS (GEN)	40.33
Rs. 5,00,000 cover Beneficiary Family Unit eligible for BASIC RISK COVER to meet hospitalization expenses as per the Scheme for CMHIS (EP)	8,065.75
Top up cover of INR 15 Lakh for CMHIS (EP)	798.42

The purpose of this Tender Document is to select the most competent and experienced Agency to undertake concurrent medical audits and field verification to ensure real-time compliance and integrity under AB-PMJAY CMHIS Scheme in Nagaland for a period of 3 years.

2.1 The State is committed to ensuring maximum outreach of the Scheme to beneficiaries in an equitable manner and to deploying all its financial resources towards the rightful treatment of beneficiaries. However, the State realizes scheme uptake directly impacts the financial burden on the State and National exchequer. The SHA has developed robust anti-fraud measures to protect the integrity of the Scheme and has, in the past, taken stern action against various defaulting entities including beneficiaries, hospitals, health professionals, ISA, etc. for violation of prescribed NHA or SHA guidelines and violations of conditions of Agreement executed with the said parties.

2.2 NHA also periodically shares NAFU Triggers, Hospital Audit reports, Hospital Outlier reports for SHA for further necessary audit, investigation and taking necessary action

2.3 Additionally, SHA SAFU team carries out periodic hospital audits and claims audit of NAFU triggers, Hospital Outlier cases, SAFU Audit reports from time to time. With an intent to augment anti-fraud measures and activities under the Scheme, the SHA intends to engage a qualified and experienced Agency for carrying out regular audit of claims and hospitals.

2.4 While ongoing audits serve as preventive and corrective mechanisms, the auditor shall also Identify weaknesses and gaps in the Scheme rollout that could enable fraud, abuse, or operational inefficiencies, and recommend areas for strengthening controls and processes.

3 Audit Expectations from Agency

a. The Audit Agency is required to examine claims and audit hospitals to explore possibilities of plausible abuse or fraud adopted by Hospitals. Key indicative frauds/ abuse / waste that the Agency is expected to ascertain during their audit is attached as **Appendix 1 of Volume 2: Draft Contract**
b. The Audit Agency is required to carry out package wise, specialty wise, hospital wise, district wise trend analysis and advise SHA in strengthening anti-fraud measures including reserving or de-reserving of package, package cost rationalization, seeking additional supporting documents (implant photo, barcode, patient photo), training and capacity building of ISA claim processing team, revision of HBPs and others. The Agency is expected to deploy project specific market available ready IT tools and services for generating fraud triggers and trends if required. The Agency shall be expected to research, examine and investigate scheme uptake in the State and share red flags (prospective new frauds and trends) with SHA.
c. The Audit Agency is required to develop an audit strategy that ensures examination from all aspects of the claims and to undertake and complete all such investigations as prescribed or deemed necessary for ensuring the achievement of the desired objectives and for preparation of a detailed report for submission to SHA not later than 1 month from date of agreement, and thereafter on a monthly basis, not later than the 5th of the subsequent month.
d. All triggered cases shall be audited and reported to SHA within prescribed timelines as per NHA/SHA guidelines.

3.1 Audit Mechanism for Continuous Audit

i. The Agency shall audit claims prescribed for audit under National Anti-Fraud Logins, State Anti-Fraud Unit (SAFU) logins, either SHA –AFO actionable logins or non-actionable logins and claims audit pending at state logins. The Agency is required to update the audit remarks on SHA SAFU and NAFU logins for the claims audited. Additionally, the Agency is required to provide detailed audit remarks along with their analysis, recommendations and plausible actions to SHA for all the audits carried out by the Agency.
ii. The Agency shall be responsible for providing detailed analysis reports of audits carried out in the manner as prescribed in **Appendix 2 and Appendix 3 of Volume 2: Draft Contract. SHA may change the format of reporting as and when required.**
iii. The Agency shall perform the Services with the highest professional standards and best industry practices. The Agency warrants that the Services will be rendered (i) promptly, diligently, and in a skilled and workmanlike manner consistent with the standards of professional competence generally accepted in the industry, and (ii) in full compliance with the terms of this Agreement, all applicable laws, and the guidelines, directions, and instructions issued by NHA and SHA from time to time.
iv. The Agency shall ensure equitable distribution of claims (specialty-wise, package-wise and hospital-wise) is carried out in sampling cases of audits. Notwithstanding

instructions above, the Agency shall ensure Hospitals, packages or specialties with higher incidence of abuse and fraud must be adequately sampled and audited. SHA may issue specific instructions with respect to audit samples to be audited by the Agency under the Scope of Work.

v. The Agency shall ensure to furnish analysis of desk audit data and based on this analysis it shall derive field audits strategy and schedule. The same shall be shared with the SHA for necessary instructions to the Agency. The SHA may instruct the Agency to deploy desk audit teams and specialists to carry out field audit and claims medical audit as and when required. All findings of desk audits must be presented to SHA and on the basis of the findings of desk audit, the Agency shall propose field audits in its field audit schedule.

vi. Agency shall be provided one or all of the following tools to carry out the audit:-
    a. Actionable or non-actionable TMS Anti Fraud/Audit logins, Agency is required to submit their reports to the SHA
    b. Audit logins before claims are forwarded to ACO login, Agency is required to submit their reports to SHA
    c. Non actionable or actionable audit logins for audit of Preauthorization approvedclaims.
    d. Claims data from data warehouse through secure access and Agency is required to submit their reports to SHA.

3.2 Audit Team

i. The Audit Team members shall be subject to SHA approval. SHA at its own discretion may instruct Agency to replace any member from the project if found to be non-performing.

ii. A Project Manager Lead is mandatorily required to be deployed at the SHA Project Office as Single Point of Contact for the SHA. The Project Manager must have a minimum management experience of at least 5 years related to public health insurance or group health insurance. The Manager must have a minimum of MBBS/BDS or other Graduate degree.

iii. The Audit team shall mandatorily comprise of the following members (Details of Manpower Requirement are given in Appendix 6 of Volume 2: Draft Contract):

Sr. No.	Team	Min. members
1	Project manager	1
2	Medical Manager	1
3	Medical Officer (desk)	4
4	Medical Officer (field)	4
5	Field Investigation	10
6	Panel of specialist and super-specialist	Empanel as per requirement

The above resources shall actively carry out the audit function under continuous supervision of specialists and super specialists empanelled by the Audit Agency.

iv. The Agency understands that this is the minimum requirement of Audit Personnel to

be deployed under this project. The Agency is required to increase the resources corresponding to the increase in audit requirements increase from time to time. The SHA may instruct the Agency to replace resources with similar or equivalent backgrounds for audit of other specialties as and when required. The Agency understands that the desk audit team shall carry out a minimum audit of at least 60 claims and medical audit per resource per working day. SHA may inspect the remote location or require personnel stationed outside SHAproject office to attend meetings or review, as and when required.

v. The above resources shall guide and assist the audit team and provide expert opinions on case-to-case basis. Expert opinions may be used to file responses before appropriate forums including documentation, investigation reports, SCN, replies, RTI, submissions before judicial or quasi- judicial forums. The specialists shall be required to provide their inputs on HBPs review and State Technical review of packages for operation or financial feasibility and SHA's anti fraud measure.

3.3 Other requirements

i. The Project Manager must be stationed at SHA Project Office.
ii. The Agency is required to furnish a detailed report of the audits carried out in the format prescribed in **Appendix 2 and Appendix 3 of Volume 2: Draft Contract.**
iii. The Agency, including its employees and team members, is strictly prohibited from participating in claim processing for the Insurance Company or from being employed by or engaged as consultants with any Health Care Provider empanelled under AB-PMJAY CMHIS Nagaland. Any breach of this obligation shall entitle NHPS to terminate the Agreement immediately and to recover all losses, damages and costs incurred as a result of such non-compliance.
iv. Confidentiality requirements – The Agency understands that all data of patients and communications with the SHA and any other governmental agency are confidential privileged information and the Agency along with its employees, agents, consultants and staff shall ensure non abuse of such information without due approval from patients and/or Government Agency. The Agency and its employees, consultants and personnel will be required to execute a Non-Disclosure Agreement with SHA in the format prescribed in in **Appendix 5** of Volume 2: Draft Contract **.**
v. Professional excellence - The entire responsibility of providing optimum level of quality audit service lies with the Agency. It is expected that all professionals shall provide their services with the highest standards of professional excellence. Professionals shall have the highest integrity and ethics towards their profession. The SHA may request any or all resources to be replaced due to potential conflict incidences or deficiency in services.

4 Scope Of Work

4.1 Desk Audit

i. The scope of medical audit under the Scheme shall focus on ensuring comprehensiveness

of medical records and shall include but not be limited to:

- Completeness of the medical records file.
- Evidence of patient history and current illness.
- Operation report (if surgery is done).
- Patient progress notes from admission to discharge.
- Pathology and radiology reports.
- Fraud trigger and outliers examination.

ii. An indicative minimum audit requirement is placed below for reference only. The Agency understands that SHA may increase or decrease the audit requirement of any of the audit types to a maximum limit as indicated in the table below upto a maximum of 25% of the total indicative audit count requirement. Additionally, depending on overall claim processing by ISA,this indicative count itself is subject to change. Agency to also design / Flag triggers for Fraud detection.

Audit type	Minimum % of Claims to be Audited
Medical Audit (Desk Audit/ field audit)	**25**
SAFU Trigger cases shared by SHA	100
NAFU Trigger cases shared by SHA	100
Medical Audit Committee/Claim Review Committee triggered cases	100
Rejected Claims	100
Preauth approved cases	25
Claim Adjudication Audit	25
Mortality	100
LAMA/DAMA	100

iii. The Agency is required to carry out claims desk audit including examination of fraud triggers through designated audit logins provided by the State Health Agency in line with standard operating procedures issued by State Health Agency read along with claims and anti-fraud guidelines issued by National Health Authority from time to time.

iv. Independently, 5% of those first-level audits (randomly selected) shall be re-audited by SHA Audit team to verify completeness and bias-free findings. Any discrepancy in audit findings of TPA and SHA Audit team may invite penalty as per relevant clause.

v. Desk Medical Audit: Desk Medical Audits will be carried out to verify

a. Need of treatment.
b. Rightful selection of package
c. Compliance with Standard Treatment guidelines
d. Length of stay
e. Highlighting Abuse / Waste by Hospitals
f. Triggering fraud claims

g. Intimating SHA of any fraudulent activity pattern
h. Scheme and package outliers
i. Hospitals with non-compliance of mandatory documents.
j. Utilization Pattern

vi. Home Visits for High Value Claims: The Agency shall conduct a mandatory home visit of the beneficiary within 7 working days of audit assignment. for any desk audited claim exceeding

- Rs 1 lakh for CMHIS (GEN) (approximately ___ claims), or
- Rs 2 lakhs for CMHIS (EP) (approximately ___ claims)

vii. NAFU Trigger Audits

a. Medical Desk Audit and providing detailed remarks against NAFU Triggers
b. Assisting in filing detailed investigation report against Hospitals
c. Processing triggers of Fraud/Audit Login
d. Verification of case-related documents (prescription, clinical notes, investigationreports, discharges summary, etc.)
e. Hospitals with non-compliance of mandatory documents.

viii. SAFU Fraud Claims Audit

a. Supporting SHA in audit of Hospital claims
b. Desk Medical claims audit

4.2 Hospital audits

i. The Agency is required to carry out claims desk audit, including examination of fraud triggers, through designated audit logins provided by State Health Agency, in line with Standard Operating Procedures issued by State Health Agency read along with claims and anti-fraud guidelines issued by National Health Authority from time to time. During the process of field audit and verification, an investigator visits the hospital premises to collect real time or post facto (as case may be) information on the triggered cases. During the process, the investigator will collect indoor documents related to the claim, information about hospital infrastructure and availability of specialists/ resource, meet treating doctor etc. At the time of visit, if AB PM-JAY CMHIS beneficiaries are admitted in the hospital, then the investigator will interact with them and verify information as recorded in the documents, and obtain feedback from the patient regarding the quality of service, benefits of the scheme or money being charged by the hospital.

ii. Field medical audit will be conducted for a minimum of 5% of claims at pre-auth level. Furthermore, for all hospitals empanelled under the AB-PMJAY CMHIS, each hospital shall be audited a minimum of 2 (two) times in a policy year.

iii. The scope of work is to audit the following: -

a. Hospital infrastructure audit, fire, BMW, Building permission, and other statutory requirements
b. Availability of empanelled specialty infrastructure
c. Hospital Audit Checklists as per SHA / NHA format

d. Hygiene and beneficiary facilitation processes
e. Availability of HR for empanelled specialty
f. Any fraudulent activity.
g. Examination of case files and matching them with TMS documents
h. OPD to IPD conversion
i. Mismatch of packages
j. Wrongful package selection and upcoding
k. OOPE (Out of pocket expenditure)

iv. Conducting Field audit and verification under the Scheme as per SHA guidelines.
v. Collection of all documentary and digital evidence (photos, photocopies, patient statements, videos etc.) during field visits in accordance with Indian Evidence Act, 1872 as defined under section 45, 45A, 61, 62, 63, 65, 65A, 65B, 67, 74, 75, and 77. The Agency may refer to NHA's investigation framework for better understanding on evidence collection.
vi. Collection of patients related evidences as mentioned in NHA/SHA framework for investigation and verification but not limited to, treatment details, real time photos, videos, beneficiary statements, beneficiary ID related documents etc.
vii. Collection of hospital related evidence such as but not limited to, overall hospital infrastructure, human resource available and all relevant certificates required, as per guidelines of NHA, State Government, Medical Council of India and Ministry of Health.
viii. Collection of evidence related to but not but not limited to, visibility of AB-PMJAY CMHIS promotional boards, availability of PMAM (Pradhan Mantri Arogya Mitra), availability of PMAM kiosk, visibility of PMAM kiosk, availability of IPD/OPD/OT register at the time of visit, availability of pharmacy records, laboratory records, implants and prosthesis register etc. and any other evidence as mentioned in the NHA / SHA investigation framework or medical audit manual.
ix. Interaction with live patient at the time of hospital visit and record findings and observations as per NHA/SHA investigation framework.
x. Initiate home visits to interact with the beneficiary and record findings and observations, if required.
xi. Submission of investigation findings and observations in required standard format within 5 working days (or as stipulated by SHA) to the person assigned by SHA. The report should be signed and verified by the audit team assigned to the zone / district.
xii. Leveraging investigation tools / technologies as prescribed by NHA or SHA, for real time / near real time investigation and verification.
xiii. Free of cost inputs for enhancing investigation operational guidelines.
xiv. Preparation and planning for field audit:

- Carry out field audit with due recording of the audit with on body cameras and / or mobile recorded videos.
- Ensure authority letters and approvals are in place.
- Prepare a timetable for audit.

- Audit objectivesand roles shall be clearly defined to the investigator.
- Ensure that the investigator is trained in audit.
- Investigator shall be well versed with tools and formats and shall be handy.
- Investigator shall have all information pertaining to the case, the hospital, and the beneficiary handy to compare with the actuals at the time of visit.
- Reporting of field audit and verification findings

xv. Field investigation and verification report shall be in accordance with AB - PMJAY CMHIS guidelines.

- The findings of field investigation and verification shall be compiled in a logical sequence.
- Offline reports shall be submitted to the respective SHAs within 5 working days of investigation.
- The observation shall be unbiased and factually correct.
- Report shall be submitted with all supporting evidence

xvi. Short Notice Field (hospital) Audits

- At least 10% of field (hospital) audits each quarter must be conducted at short notice (less than 24 hours) to the EHCP.
- All field-audit evidence (photos, interviews, documents) must be geo-tagged and timestamped using SHA-approved mobile apps. Any evidence missing metadata will be deemed non-compliant and excluded.

4.3 Beneficiary Audit (Hospitalized)

Beneficiary audits (field medical audits) shall be conducted for a minimum of 10% of triggered and concurrent claims at pre-auth level. The Agency shall conduct audits of hospitalised beneficiaries under the Scheme as per the parameters outlined below:

a. Availability of Beneficiary at Hospital (Phantom billing verification)
b. Facilitation by hospital/Arogya Mitra
c. Quality of care
d. Feedback
e. OPD to IPD conversion
f. Mismatch of packages
g. Wrongful package selection and upcoding
h. OOPE
i. Beneficiary audit (Post-Hospitalization) Beneficiary has availed treatment at the hospital
j. Quality of care
k. Feedback
l. OOPE (Submit the documents related to treatment or bills at SHA office)
m. Package booked correlates with the treatment taken
n. In case of any other grievance, it should be brought to SHA notice
o. All beneficiary audit must be done only after taking written consent of the

patient/beneficiary

4.4 Beneficiary Mystery Audits

Annually, the Agency must deploy at least 2 "decoy"/mystery-beneficiary audits in hospitals previously flagged for OOPE or up-coding. Results and learnings must inform the next quarter's sampling strategy

4.5 Other ancillary support functions

The Agency shall undertake the following responsibilities in support of the SHA:

a. Supporting SHA in N-HBP 2025 Package analysis
b. Advising SHA on Standard Treatment Guidelines revisions
c. Advising SHA in formulating SOP for anti-fraud measures
d. Preparing Investigations reports
e. Preparing monthly audit reports and MIS for SHA
f. Preparing Show Cause Notice and orders against Hospital, doctors for claim audits, NAFU and SAFU triggers and Hospital audits
g. Supporting SHA in court filings, appeals or other disciplinary proceedings relating to scope of work
h. Supporting SHA in NHA responses, RTI replies, and other civil or criminal proceedings relating to scope of work

4.6 Compliance to NHA/SHA Guidelines

Agency shall strictly follow the NHA "Framework For Field Investigation And Verification" and "Field Investigation And Medical Audit Manual" and any other extant guidelines on fraud and audit issued by NHA or SHA from time to time, unless specifically mentioned otherwise in this Tender Document.

4.7 Indicative audit requirements from Auditing Agency

The Audit Agency shall conduct audits to verify whether hospitals, the ISA, and other relevant stakeholders are complying with the following requirements:

a. All inpatients' photographs should be bedside photos for all preauthorization, enhancements and discharge. Empanelled Hospitals must include discharge picture with Ayushman Bharat kiosk / discharge ticket / post discharge medicine.
b. Clinical pictures include on bed photos for general, HDU, ICU packages.
c. Mandatory specimen to be uploaded for all surgical packages, if prescribed.
d. Hospitals must upload named documents while uploading. A standardized nomenclature may be used.
e. Detailed operative notes in surgical cases are mandatory, compliant with standard treatment guidelines.
f. All investigation/diagnostic reports are required to be signed as per extant guidelines/OM issued by NHPS/NHA.

i. For dialysis cases:

a. Dialysis chart with seal and signature of treating doctor /dialysis in-charge.

ii. For Radiotherapy packages:

a. The hospital shall submit detailed Radiotherapy plan including number of sessions planned at the time of pre-authorization and
b. Hospital shall submit details of number of fractions given to the patient during the treatment, at the time of discharge.
c. If Hospital has not given the total approved fractions, then Hospital should mention the same in remark and raise the bill according to the number of fractions given to the patient

iii. For Chemotherapy:

d. Treating physicians should clearly mention the chemotherapeutic agents which are used in the treatment. it is observed that physicians are writing the name of chemotherapeutic in manner which is not legible this may result in rejection of the claim.
e. Hospital should write name and ID of the patients on the carton of the chemotherapeutic agent when uploading their pictures along with the date and time stamp.
f. Hospitals may be advised to mandatorily get signed feedback form and informed consent form from the patients in compliance with General Order 1 of 2019 and Advisory of SHA.

iv. For medicine packages

a. All enhancements must be substantiated with detailed notes, clinical conditions in line with standard treatment guidelines issued by NHA,
b. Enhancement, if any, must be applied with one day of expiry of previous enhancement.
c. All inpatients' photographs should have date and time stamp for all preauthorization, enhancements and discharge. Empanelled Hospitals may be advised to include discharge picture with Ayushman Bharat kiosk / discharge ticket / post discharge medicine.
d. It is mandatory to upload on bed photo of the patient with placard showing date and time of enhancement / discharge.

4.8 Monthly Red-Flag & Trend Report

Every month, the Agency shall deliver:

1. A list of top 10 "outlier" hospitals by:
   a. Claims rejection rate > 5%
   b. Average claim value > 2 σ above state mean
2. Specialty-wise and package-wise anomaly trends.
3. Recommended "deep-dive" investigations for any new anomaly.

4.8.1 Forensic-Grade Evidence Standards

All photographic, documentary, and testimonial evidence must comply with Indian Evidence Act provisions (Sections 45, 65B, etc.) and use SHA's standard templates. Each piece of evidence must be dual-authenticated by two independent investigators.

4.8.2 Comprehensive Fraud Typologies

The audit approach shall explicitly cover:

- Hospital/provider fraud (up-coding, phantom billing)
- Beneficiary fraud (bogus admissions, fake documents)
- Insurer-side collusion (in-house staff malpractice)
- Third-party fraud (brokers, equipment suppliers).

4.9 Penalties & Performance-Linked Fees

i. If any "clear-cut" fraud missed by the Agency is later identified by SHA or NHA, a penalty of ₹5,000 – 10,000 per case shall apply, deducted from the next invoice.

ii. 10% of the Agency's monthly billing shall be withheld and released only if:
   a. ≥ 90% of high-value claims were correctly flagged, and
   b. All dashboards/reports were delivered on time.

4.10 Conflict-of-Interest & Staff Rotation

Every audit team member must submit a quarterly Conflict-of-Interest declaration certifying no familial, financial, or professional ties to any empanelled EHCP.

4.11 Reporting Requirements

4.11.1 Monthly Audit Dashboard

To be submitted by the 5th working day of each month, covering the previous calendar month. It shall include:

- Executive Summary (1-page) with key metrics and high-level observations.
- Audit Summary Table (see Appendix 3-1 of Volume 2: Draft Contract).
- Top 5 red-flag cases with recommended next steps.
- Trend charts (package-wise, specialty-wise anomalies).
- AI-trigger performance metrics (total flags vs. manual follow-ups).

4.11.2 Quarterly Comprehensive Report

To be submitted within 10 working days after each quarter. It shall include:

- Full Executive Summary (max 3 pages).
- Deep-dive analysis on any one emerging fraud trend.
- Quarterly comparisons of KPI performance (desk vs. field, first vs. second-level audits).
- Case study write-up for one significant fraud uncovered (with anonymized details).
- Impact analysis of implementation of recommendations made in post facto audit report.
- Recommendations for policy or package revisions.

4.11.3 Ad-hoc Incident Reports

Within 48 hours of any detected major fraud (≥₹5 lakhs), the Agency shall issue a "fraud incident alert" via email and follow up with a 5-page incident report (see Appendix 3-3 of Volume 2: Draft Contract).

4.11.4 Format Compliance

All reports shall use the standard templates in Appendix 3 (Excel/PDF) of Volume 2: Draft Contract, include page numbers, date-time stamps, and be signed off by the Agency's Project Manager.

4.12 SHA Project Office

The Agency shall be required to deploy resources at SHA Project Office or hybrid mode as detailed in this document. The agency shall provide its resources computer, internet connectivity, workstations, chair, desk, electricity connection, fan/ac etc as required. Any other expense related to travel, field audit, remuneration, boarding, lodging shall be borne by the Agency. The Agency is required to deploy the Team at SHA Project Officer within thirty (30) days of execution of Contract.

5 Payment Terms

a) The SHA shall pay the Agency a fee as per the rate schedule provided in the Financial Bid in Annexure 9.

b) The total Fee to be paid by the SHA to the Agency shall be the higher of
   i. Fee for the minimum number of claims multiplied by the cost per claim as provided in the table in Annexure 9, OR
   ii. Fee for the actual number of claims multiplied by the cost per claim as provided in the table in Annexure 9

c) The payment of the Fee for the Continuous Audit to the Agency by the SHA shall be on a quarterly basis.

d) Submission of Invoice by the Agency: The Agency shall raise as per the schedule provided in Clause 5 (c)

e) Processing and payment of Invoices: The SHA shall review the work assigned to the Agency and shall process and pay all invoices once the SHA conveys its acceptance of the deliverables. In case any revisions are requested during the review, the Agency shall carry out such rework at no additional cost to the SHA. Payments are subject to deductions against penalties if any, as set forth in Clause 5.1. The payment will be released to the agency within 30 days after due diligence and acceptance of the invoice by SHA.

f) It is expressly agreed that the price/fees mentioned in the Financial Bid by the bidder shall be deemed to include all ancillary and incidental costs and charges (including but not limited to travel costs, cost of hardware/software, any other costs, etc.) that are necessary for accomplishment of the scope of work and obligations mentioned in the RFP and the Agreement. No invoice for extra work/charge order on account of change order will be submitted by the bidder unless the said extra work/change order has been authorized/approved by the SHA in writing in accordance with the clause on Change Order.

g) The Agency shall obtain registration under the Goods and Services Tax (GST) in the State of Nagaland and possess a valid GSTIN issued under the Nagaland GST Act, 2017, in accordance with Circular No. FIN/REV-3/GST/1/08(pt-1)(Vol.1)/36 dated 28th January

2021 issued by the Finance Department, Government of Nagaland.

5.1 KPIs AND PENALITY

The Key Performance Indicators below define the terms of the Agency's responsibility in ensuring the timely delivery of the scope of work, quality of deliverables and other aspect of project as per the RFP and Agreement. The KPIs mentioned below are not exhaustive and any addition/ deletion to this list of KPIs shall be as per the direction of Nodal, NHPS. Maximum Penalty on the Agency shall be limited to 50% of the Annual Project Cost. In case the penalty exceeds 50% of the project cost, the Agreement with the Agency may be terminated with three months' notice. SHA shall proceed against the Agency to recover and appropriate the above penalty amount from the Invoice of the Agency.

5.2 Penalty

Case issue	First offence	Second offence	Third offence
If the investigation report is incomplete/ delayed or indicates casual investigation without adequate due diligence/ supporting evidence.	A penalty of upto three (3) times the concerned transaction/claim amount will be levied on the agency.	A penalty of upto five (5) times the concerned transaction/ claim amount will be levied on the agency.	De- empanelment/blacklisting or any other punitive action (including civil and/or criminal case) as deemed fit by the Competent authority.
Manipulation or suppression of facts to support/fudge the findings or collusion of any kind between the agency and the entities involved in the investigated case.	A penalty of upto 20 times the transaction/claim amount will be levied on the agency.	De- empanelment/ blacklisting or any other punitive action (including civil and/or criminal case) as deemed fit by the Competent authority.	
In case of unruly/ unprofessional behaviour by agency personnel working as investigator with the empanelled agency leading to above two penalties.	A show-cause notice will be issued to agency. Agency shall respond within 3 working days of receiving the notice.	A formal warning letter will be issued to agency stating repetition will result in de-empanelment/ blacklisting.	De- empanelment/ blacklisting or any other punitive action (including civil and/or criminal case) as deemed fit by the Competent authority.

Case issue	First offence	Second offence	Third offence
Investigator accepting cash or any other gifts from hospitals to fudge the investigation report.	De- empanelment/ blacklisting or any other punitive action (including civil and/or criminal case) as deemed fit by the Competent Authority		
Investigator shares the investigation findings with any outsider, with other hospitals or with the investigated hospital(s)	A show-cause notice will be issued to agency. Agency shall respond within 3 working days of receiving the notice.	A formal warning letter will be issued to agency stating repetition will result in de-empanelment/ blacklisting.	De- empanelment/blacklisting or any other punitive action (including civil and/or criminal case) as deemed fit by the Competent authority.
Delay in the completion of work within the stipulated time. (Applicable in Desk Field Medical Audits, Beneficiary Home visits and feedback calls)	A penalty of up to ₹3000 per day will be levied on the agency		

6.0 Instruction To The Bidders

6.1 General Provisions

i. NHPS will select an Agency in accordance with the method of selection specified in the RFP. The selection of Agency shall be on the basis of an evaluation by NHPS through the selection process specified in this RFP (the "**Selection Process**"). Bidders shall be deemed to have understood and agreed that no explanation or justification for any aspect of the Selection Process will be given and that NHPS's decisions are final without any right of appeal whatsoever.

ii. The Bidders are invited to submit Technical and Financial Bids (collectively called as "**the Bid**"), as specified in the Bid Data Sheet of this RFP, for the services required for the Project. The Bid will form the basis for grant of Work Order/Contract to the selected Agency. The Agency shall carry out the assignment in accordance with the Terms of Reference of RFP (the "**TOR**").

iii. The Bidder shall submit the Bids (Technical and Financial) in the form and manner specified in this RFP in hard copy to the following address Nagaland Health Protection Society, Directorate of Health & Family Welfare Complex, Below Nagaland Civil Secretariat Complex, Ruziezou, Kohima- 797 004. The Bid shall be submitted as per the forms given in relevant sections herewith.

iv. Bidders shall bear all costs associated with the preparation and submission of their Bids, and their participation in the Selection process, and presentation including but not limited to postage, delivery fees, expenses associated with any demonstrations or presentations which may be required by NHPS or any other costs incurred in connection with or relating to its Bid. The NHPS is not bound to accept any Bid and reserves the right to annul the selection process at any time prior to execution of the Contract, without thereby incurring any liability to the Bidders.

v. NHPS requires that the Bidder hold NHPS's interests' paramount, avoid conflicts with other assignments or its own interests, and act without any consideration for future work. The Bidder shall not accept or engage in any assignment that may place it in a position of not being able to carry out the assignment in the best interests of NHPS and the Project.

vi. It is the NHPS's policy to require that the Bidders observe the highest standard of ethics during the Selection Process and execution of work/assignment. In pursuance of this policy, the NHPS:

   a. will reject the Bid for award if it determines that the Bidder has engaged in corrupt or fraudulent activities in competing for the Project in question.

   b. will declare a Bidder ineligible, either indefinitely or for a stated period, to be awarded any contract or work order if it at any time determines that the Bidder has engaged in corrupt or fraudulent practices in competing for and in executing the work order/Contract.

vii. Dispute Resolution:

If any dispute or difference of any kind whatsoever arises between the parties in connection

with or arising out of or relating to or under this RFP, the parties shall promptly and in good faith negotiate with a view to its amicable resolution and settlement.In the event no amicable resolution or settlement is reached within a period of thirty (30) days from the date on which the above-mentioned dispute or difference arose, such dispute or difference shall be finally settled by Secretary, Health, GoN, whose decision shall befinal.

viii. Number of Bids: No Bidder shall submit more than one Bid.

ix. Right to reject any or all Bids:

a. Notwithstanding anything contained in this RFP, the NHPS reserves the right to accept or reject any Bid and to annul the Selection Process and reject all Bids, at any time without any liability or any obligation for such acceptance, rejection or annulment, and without assigning any reasons thereof.

b. Without prejudice to the generality of above, the NHPS reserves the right to reject any Bid if:

i. at any time, a material misrepresentation is made or discovered, or

ii. The Bidder does not provide, within the time specified by the NHPS, the supplemental information sought by the NHPS for evaluation of the Bid.

x. Such misrepresentation/ improper response by The Bidder may lead to the disqualification of The Bidder. If such disqualification/ rejection occurs after the Bids have been opened and the highest-ranking Bidder gets disqualified/ rejected, then the NHPS reserves the right to consider the next best Bidder or take any other measure as may be deemed fit in the sole discretion of the NHPS, including annulment of the Selection Process.

xi. Acknowledgement by Bidder

It shall be deemed that by submitting the Bid, The Bidder has:

a. made a complete and careful examination of the RFP;

b. received all relevant information requested from the NHPS;

c. accepted the risk of inadequacy, error or mistake in the information provided in the RFP or furnished by or on behalf of the NHPS;

d. satisfied itself about all matters, things and information, including matters herein above, necessary and required for submitting an informed Bid and performance of all its obligations there under.

e. acknowledged that it does not have a Conflict of Interest; and

f. agreed to be bound by the undertaking provided by it under and in terms hereof.

xii. The NHPS and/ or its advisors/ consultants shall not be liable for any omission, mistake or error on the part of the Bidder in respect of any of the above or on account of any matter or thing arising out of or concerning or relating to RFP or the Selection Process, including any error or mistake therein or in any information or data given by the NHPS and/ or its consultant.

6.2 Pre-Bid Meeting

Pre-Bid Meeting of the Bidders will be convened as per the details set out in the Bid Data Sheet. The Bidders are required to submit their queries as prescribed in Annexure 12. All Bidders intending to attend the pre-bid must submit their authority letters along with queries within 24 hours of the Scheduled pre-bid meeting.

6.3 Clarification And Amendment Of RFP Documents

i. Bidders may seek clarification on this RFP document, within twenty-four (24) hours of Pre-Bid meeting as mentioned in the Bid Data Sheet of this RFP document through nagaland.nhps@cmhis.nagaland.gov.in.

ii. Any request for clarification must be sent by standard electronic means (PDF and Wordfile) to the NHPS's email address before the pre-bid meeting date.

iii. The NHPS will post the reply to all such queries on **cmhis.nagaland.gov.in**.

iv. At any time before the submission of Bids, the NHPS may, for any reason, whether at its own initiative or in response to a clarification requested by a prospective Bidder, modify the RFP documents by an amendment. All amendments/corrigenda will be posted only on the NHPS's Official Website.

v. To afford the Bidders a reasonable time for taking an amendment into account, or for any other reason, the NHPS may at its discretion extend the Bid Due Date.

vi. Date of Pre-Bid Meeting and venue is mentioned in Datasheet of the RFP. Bidders willing to attend the pre-bid should inform NHPS beforehand in writing and email. The maximum no. of participants from a Bidder, who chose to attend the Pre-Bid Meeting, shall not be more than two per Bidder. The representatives attending the Pre- Bid Meeting shall accompany with an NHPS letter or email, duly signed by the authorized signatory of his/ her organization.

6.4 Preparation of Bid

i. Bidders are requested to submit their Bid in English language and strictly in the formats provided in this RFP. The NHPS will evaluate only those Bids that are received in the specified forms and complete in all respects.

ii. In preparing their Bid, Bidders are expected to thoroughly examine the RFP Document.

iii. The technical Bid should provide the documents prescribed in this RFP. No information related to financial Bids should be provided in the technical Bid.

iv. Failure to comply with the requirements spelt out above shall lead to the deduction of marks during the evaluation. Further, in such a case, NHPS will be entitled to reject the Bid. However, if any information related to the Financial Bid is included in the Technical Bid The Bidder shall be disqualified, and his Bid will not be considered.

The Bids must be signed by the Authorized Representative (the "Authorized Representative") as detailed below:

1. by a partner, in case of a partnership firm and/or a limited liability partnership.

2. by a duly authorized person, in case of a Private / Public Limited Company or a corporation.

v. Bidders should note the last date and time of bid submission, as specified in the Bid Data Sheet of this RFP, for submission of Bids. Except as specifically provided in this RFP, no supplementary material will be entertained by the NHPS, and the evaluation will be carried out only on the basis of Documents received by the closing time of Bid Due Date.

Bidders will ordinarily not be asked to provide additional material information or documents subsequent to the date of submission, and unsolicited material if submitted will be summarily rejected. For the avoidance of doubt, the NHPS reserves the right to seek clarifications in case the Bid is non-responsive on any aspects.

vi. Financial Bid: While preparing the Financial Bid, Bidders are expected to take into account the various requirements and conditions stipulated in this RFP document. The Financial Bid should be separate for each of the two audit assignments forming part of this Tender inclusive of all the costs including but not limited to all taxes associated with the Assignment submitted through cmhis.nagaland.gov.in.. While submitting the Financial Bid, The Bidder shall ensure the following:

(i) The Bidder shall submit the Technical and Financial Bid as per the instruction provided in this RFP document.

(ii) The Bidder shall ensure not to submit the Financial Bid with the Technical Bid. Any Bid with financial details submitted otherwise may be rejected by the NHPS

(iii) All the costs associated with the Project shall be included in the Financial Bid. These shall normally cover remuneration for all the personnel (Expatriate and Resident, in the field, office, etc.), accommodation, air fare, transportation, equipment, printing of documents, secondary and primary data collection, etc. The total amount indicated in the Financial Bid shall be without any condition attached or subject to any assumption and shall be final and binding. In case any assumption or condition is indicated in the Financial Bid, it shall be considered non-responsive and liable to be rejected.

(iv) The Financial Bid shall take into account all the expenses and all duties, tax liabilities and cost of insurance specified in the work order/Contract (as the case may be), levies and other impositions applicable under the prevailing law. Further, all payments shall be subjected to deduction of taxes at source as per Applicable Laws. The GST shall be payable extra as per the prevailing rates.

(v) The rates quoted would remain fixed for the entire contract period.

(vi) NIL Value quoted against any value above shall lead to rejection of Bid.

(vii) The payment for the aforesaid quoted value shall be paid in accordance with the Payment terms

vii. The Bid should be submitted as per the Bid Annexures prescribed in this RFP.

viii. Bidders shall express the price of their services in Indian Rupees only.

6.5 Submission, Receipt And Opening Of bids

i. The Bid shall be submitted in hard copy by hand or registered post to : ***Nagaland Health Protection Society, Directorate of Health & Family Welfare Complex, Below Nagaland Civil Secretariat Complex, Ruziezou, Kohima- 797 004***

ii. The Authorized Representative of the Bidder should authenticate Technical and Financial Bid.

iii. The Authorized Representative's authorization should be confirmed by the written power of attorney by the competent NHPS accompanying the Bid.

iv. No Bid shall be accepted after the Bid Due Date and Time.

v. After the deadline for submission of Bids, the Technical Bid shall be opened by the Evaluation Committee to evaluate whether the Bidders meet the prescribed Minimum Qualification Criteria. The RFP details for Technical Bid shall remain sealed.

vi. After the Bid submission until the execution of the Contract, if any Bidder wishes to contact the NHPS on any matter related to its Bid, it should do so in writing at the Bid submission address. Any effort by a Bidder (including the Selected Bidder) to influence the NHPS during the Bid evaluation, Bid comparison or grant of the work order decisions may result in the rejection of The Bidder's Bid.

6.6 Bid Evaluation

i. All Technical Bids shall be checked for responsiveness in accordance with the requirements of the RFP. As part of the evaluation, the Technical Bid submitted shall be checked to evaluate whether the Bidder meets the prescribed Minimum Qualification Criteria. Only those Technical Bids which are found to be responsive would be further evaluated in accordance with the criteria set out in this RFP document.

ii. Prior to evaluation of Bids, the NHPS will determine whether each Bid is responsive to the requirements of the RFP at each evaluation stage as indicated below. The NHPS may, in its sole discretion, reject any Bid that is not responsive hereunder. A Bid will be considered responsive at each stage only if:

   i) To the satisfaction of NHPS, the Bidders meets the minimum qualifications prescribed before evaluating technical and financial Bids.

   ii) The Technical and Financial Bid submitted by the Bidder is:
      a. received in the form specified in this RFP;
      b. received by the Proposed Due Date including any extension thereof in terms hereof.
      c. does not contain any condition or qualification; and
      d. it is not non-responsive in terms hereof.

The NHPS reserves the right to reject any Bid which is non-responsive and no request for alteration, modification, substitution or withdrawal will be entertained by the NHPS in respect of such Bids. However, NHPS reserves the right to seek clarifications or additional information from

the Bidder during the evaluation process. The NHPS will subsequently examine and evaluate Bids in accordance with the Selection Process detailed out below.

6.7 Selection Of Agency

As part of the evaluation, a Bidder must fulfill the Minimum Qualification Criteria. In case a Bidder does not fulfill the Minimum Qualification Criteria, the Bid the Bid shall be termed non-responsive and the Financial Bid of such a Bidder will not be opened.

6.8 Minimum Eligibility Criteria

The minimum eligibility criteria for a Bidder to qualify for technical Bid evaluation are listed below:

1. The Bidder must be a single entity
2. Bidder is expected to comply with each of the clauses of the Pre-Qualification criteria to be eligible to be considered for Technical Evaluation. Failure to meet even one of the Pre-Qualification criteria mentioned below may lead to rejection of the Bid. Definitions of key terms relating to pre-qualification criteria are given below-

Term	Definition
Turnover	The total amount of net receipts, from activities in the normal course of business (as per specifications in the table below), as per the annual audited report
Financial Year	The 12-month period commences from the 1st day of April of any year and ending on the 31st day of March of the following calendar year.
Auditor	Auditor shall mean the Statutory Auditor of a company/ bidder.

Sl. No	Basic Requirement	Specific Requirements	Documents Required
1	**Legal Entity**	The Bidder should be-	
		a) A registered private or public owned company incorporated under Companies Act 2013 or earlier, in India or a Partnership Firm or a Limited Liability Partnership Company under Limited Liability Partnership Act, 2008,	Certification of Incorporation along with the Articles & Memorandum of Association of the Company under The Companies Act, 1956 and/or 2013, in India / LLP Agreement under Limited Liability Partnership Act 2008 / Partnership Deed under Indian Partnership Act 1932.
		b) Registered with the GST Authorities and	GST Certificate
		c) Have a valid PAN and TAN number.	1. PAN Card 2. TAN Card
		d) Compliant with current applicable laws	EPF/ESIC/Other Labor laws compliance certificates

Sl. No	Basic Requirement	Specific Requirements	Documents Required
		e. The Bidder should be an independent audit agency with core experience in physical audit and investigation of government policy audits/heath claims The Bidder must not be a third-party administration (TPA) company	1. Profile of company
		f. The Bidder shall submit a Power of Attorney for Signing of Bids	Power of Attorney on INR 500 non-judicial stamp paper authorizing lead member to sign and bid for the project;
2	**Project Experience**	The Bidder should have cumulative experience of at least 50,000 claim investigations and audits (desk + field) under AB-PMJAY or any State Health Insurance Scheme from any SHA/State Government or Insurance Companies or TPA in the last three financial years (FY 2021-22, 2022-23, 2023-24)	Copy of work order/client certificate /contract copy/ client project completion certificate specifying the name of the scheme and number of health claims investigated and audited (on the client's letterhead) for financial years 2021-22, 2022-23, 2023-24
		The Bidder should have minimum 10 MBBS Doctors, 25 Non MBBS Medical Doctors and 2 Specialists on full time employment for the preceding financial year (FY 2024-25)	Salary slips, Offer letter, Degree certificates, Bank statement of company reflecting credit of salary for FY 24-25
		The Bidder should have experience of at least one project (on-going or completed) in claim investigations and audits (desk + field) under AB-PMJAY or any North-East State Government Health Insurance Scheme from any SHA/State Government or Insurance Company or TPA in any of the preceding 3 financial years(FY 2021-22, 2022-23, 2023-24)	Copy of work order/client certificate /contract copy/ client project completion certificate specifying the name of the scheme and number of health claims investigated and audited (on the client's letterhead)
3	**Turnover**	The Bidder should have a minimum turnover of INR 3 Cr in each of the last three financial years (FY 2021-22, 2022- 23 and 2023-24).	Audited financial statements (balance sheet, profit and loss statement, etc.) for last three financial years along with statutory

Sl. No	Basic Requirement	Specific Requirements	Documents Required
			auditor certificate specifying the turnover for the specified years.
4	**Blacklisting/ FEMA violations/ debarred**	Bidder shall not have been debarred / blacklisted till bidding period by Central Govt. /State Govt. / Public Sector Undertaking / any other Local Body or body established under or in the control of the Central or state Government on the date of submission of their Bid/ imposed penalty of Rs. 1.0 cr or above by any of the State sponsor schemes or under PM-JAY	Certificate as per format specified in as per Annexure 4
		The Bidder should not be involved in any litigation which may include but not limited to fraud, FEMA violations that may have an impact of affecting or compromising the delivery of services as required under this contract	Certificate as per format specified in as per Annexure 4

6.9 Technical Evaluation

The evaluation committee ("**Evaluation Committee**") appointed by the NHPS will carry out the evaluation of Bids on the basis of the minimum qualification requirement mentioned in Clause 6.9 above. If required, the NHPS may seek specific clarifications from any or all Bidder (s) at this stage.

All Bids complying with minimum qualification criteria shall be treated as responsive and eligible for technical evaluation and scoring. A Bid will be considered unsuitable and will be rejected at this stage if it does not respond to important aspects of RFP document and the Terms of Reference.

6.10 Financial Evaluation

The bidders are required to quote the total cost of project (as anticipated by the bidder) as per the table indicated in Annexure 9. The evaluation shall be done on the basis of the total cost submitted by the bidder.

All Bids termed responsive by the Technical, Evaluation committee shall be eligible for financial bid opening. The Financial Committee shall open the financial bids as submitted in the prescribed format at **Annexure 9** of Bids. Any financial bid submitted in any other format shall be summarily rejected and Bid shall be rejected by authority. The financial Bids shall be

evaluated for responsiveness. All responsive bids shall be ranked in order of their lowest quotation. Lowest financial quote bidder shall be termed as L1.

1. Financial evaluation shall be conducted on the basis of the total price rate quoted by the respective bidders and basis that bidders will be placed at L1 (i.e. at lowest cost), L2 and so on.
2. For financial evaluation, the total cost indicated in the Financial Bid, will be considered. The Authority will determine whether the Financial Bids are complete, unqualified and unconditional. The cost indicated in the Financial Bid shall be deemed as final and reflecting the total cost of services.

The Financial Committee shall place their recommendations before Tender Committee for their consideration based on the financial quote, financial feasibility and other financial considerations including compliance with Financial Bid conditions under this RFP.

In line with OM (F. 12/17/2019-PPD) issued by procurement Policy Division, Department of Expenditure, Government of India, regarding Predatory Pricing/Abnormally Low Bids; SHA reserves right to seek clarification from the Bidder, including detailed price analysis of its Bid price, in relation to scope of work, schedule, allocation of risks and responsibilities and any other requirement mentioned in the Tender Document. If after evaluating the price analysis, SHA determines that the bidder has substantially failed to demonstrate the capacity to deliver the contract at the offered rate, SHA may reject the Bid.

6.11 Final Evaluation

1. Once the Financial Bids of the Eligible Bidders have been opened and evaluated, the SHA shall notify an Eligible Bidder whose Financial Bid is found to be complete in all respect, of the date, time and place for the evaluation and ranking of the Financial Bids and selection of the Successful Bidder (s) (the Selection Meeting) and invite such Eligible Bidders to be present at the Selection Meeting.
2. The SHA shall notify an Eligible Bidder whose Financial Bid is found to be substantially non-responsive, that such Eligible Bidder's Financial Bid shall not be evaluated further.
3. The Bidder with the lowest total cost shall be considered L-1
4. If there is only one L-1 Bidder, that Bidder shall be selected as the Successful Bidder.
5. In case two or more Bidders have the same lowest total cost, the Bidder with the higher turnover shall be selected as the Successful Bidder.
6. In case, if the bidder cannot be finalised through the steps mentioned in Clause 6.11.1 to Clause 6.11.5, then the SHA shall take steps for re-tendering.

6.12 Grant Of Work Order

The SHA shall issue a Notice of Award (NoA) to the Successful Bidder selected as per Clause 6.1.

In case the L1 bidder before or after issuance of NoA does not accept the Notice of Award or fails to carry out condition precedent to execution of the Agreement / Contract, SHA may at its own discretion offer the project to L2 bidder. Alternatively, SHA may reject the Bid or cancel the tendering process or reissue the RFP.

6.13 Exclusion Of Bid/ Disqualification

NHPS may exclude or disqualify a Bid if:

a. The information submitted, concerning the qualifications of the Bidder, was false or constituted a misrepresentation; or
b. The information submitted, concerning the qualifications of the Bidder, was materially inaccurate or incomplete; and
c. The Bidder is not qualified as per pre-qualification/ eligibility criteria mentioned in the RFP document, even after seeking clarifications/ additional documents by the committee.
d. The Bid materially departs from the requirements specified in the Bid or itcontains false information.
e. The Bidder submitting the Bid, his agent or anyone acting on his behalf, gave or agreed to give to any officer or employee of the NHPS or other governmental authority a gratification in any form or any other thing of value so as to unduly influence the Selection Process.
f. A Bidder, in the opinion of the NHPS, has a conflict of interest materially affecting fair competition.
g. A Bid shall be excluded/ disqualified as soon as the cause for itsexclusion/disqualification is discovered.

7.0 General Terms Of RFP

7.1 Period of Contract

The Contract will be signed with the Selected Bidder initially for a period of three years and annually extendable for one year only. The contract may be renewed on the basis of satisfactory services rendered by the Agency. However, the extension, if any shall be at the same terms, and the financial fee as agreed during the execution of the contract.

7.2 Fraud and corrupt practices

The Bidders and their respective officers, employees, agents and advisers shall observe the highest standard of ethics during the Selection Process. Notwithstanding anything to the contrary contained in this RFP, the NHPS will reject a Bid without being liable in any manner whatsoever to the Bidder, if it determines that the Bidder has, directly or indirectly or through an agent, engaged in corrupt practice, fraudulent practice, coercive practice, undesirable practice or restrictive practice (collectively the "Prohibited Practices") in the Selection Process.

Without prejudice to the rights of the NHPS under this Clause, hereinabove and the rights and remedies which the NHPS may have under the work order or the Contract, if a Bidder or Agency, as the case may be, is found by the NHPS to have directly or indirectly or through an agent, engaged or indulged in any corrupt practice, fraudulent practice, coercive practice, undesirable practice or restrictive practice during the Selection Process, or after the issue of the work order or the execution of the Contract, such Bidder or Agency shall not be eligible to participate in any tender issued by the NHPS during a period of 3 (three) years from the date such Bidder or Agency, as the case may be, is found by the NHPS to have directly or through an agent, engaged or indulged in any Prohibited Practices.

For the purposes of this Clause, the following terms shall have the meaning hereinafter respectively assigned to them:

a) "corrupt practice" means (i) the offering, giving, receiving, or soliciting, directly or indirectly, of anything of value to influence the action of any person connected with the Selection Process (for avoidance of doubt, offering of employment to or employing or engaging in any manner whatsoever, directly or indirectly, any official of the NHPS who is or has been associated in any manner, directly or indirectly with the Selection Process or the work order or has dealt with matters concerning the Contract or arising there from, before or after the execution thereof, at any time prior to the expiry of one year from the date such official resigns or retires from or otherwise ceases to be in the service of the NHPS, shall be deemed to constitute influencing the actions of a person connected with the Selection Process; or (ii) saveas provided herein, engaging in any manner whatsoever, whether during the SelectionProcess or after the issue of the Work Order or after the execution of the Contract, as the case may be, any person in respect of any matter relating to the Project or the Work Order or the Contract, who at any time has been or is a legal, financial or technical consultant/ adviser of the NHPS in relation to any matter concerning the Project;

b) "Fraudulent practice" means a misrepresentation or omission of facts or disclosure of incomplete facts, in order to influence the Selection Process.

c) "Coercive practice" means impairing or harming or threatening to impair or harm, directly or indirectly, any persons or property to influence any person's participation or action in the Selection Process.

d) "Undesirable practice" means (i) establishing contact with any person connected with or employed or engaged by the NHPS with the objective of canvassing, lobbyingor in any manner influencing or attempting to influence the Selection Process; or (ii) having a Conflict of Interest; and

e) "Restrictive practice" means forming a cartel or arriving at any understanding or arrangement among Bidders with the objective of restricting or manipulating a full and fair competition in the Selection Process.

7.3 Confidentiality

a) This document is meant for specific use by such parties who are interested in participating in the current tendering process. This document in its entirety is subject to Copyright Laws. The State Health Agency, Nagaland expects the Bidders or any person acting on behalf of the Bidders to strictly adhere to the instructions given in the document and maintain confidentiality of information.

b) The Bidders shall be held responsible for any misuse of information contained in the document, and liable to be prosecuted by the NHPS in the event that such a circumstance is brought to the notice of the NHPS. By downloading/purchasing the document, the interested party is subject to confidentiality clauses.

7.4 Debarment from Bidding

If NHPS finds that a Bidder has breached the code of integrity prescribed above, it may debar the Bidder for a period of three (3) years.

NHPS shall not debar a Bidder under this section unless such Bidder has been given a reasonable opportunity of being heard.

7.5 Monitoring Of Contract

If delay in delivery of service is observed, a performance notice would be given to the Selected Bidder/Agency to speed up the delivery. Any change in the constitution of the Selected Bidder/Agency (as the case may be) etc. shall be notified forth with by such Selected Bidder/Agency in writing to NHPS and such change shall not relieve Selected Bidder/Agency, from any liability under the Contract.

7.6 Sub-Contracting

The Selected Bidder/Agency shall not assign or sub-contract the Contract or any part thereof to any other agency without the prior written permission of NHPS.

7.7 Signing of Contract

The Selected Bidder shall execute the Contract as per the Schedule from the date of work order with NHPS. In exceptional circumstances, on written request of the Selected Bidder for extension, NHPS reserves the right to grant an extension for appropriate period subject to satisfaction with justification provided. In addition to terms and conditions being mentioned hereunder, all terms and conditions of the tender and corrigendum issued shall also be applicable for the Contract.

7.8 Execution of agreement

During the term of Contract, the Agency will work closely with NHPS and will perform the activities as per the scope of work. In case of poor performance, or unjustified & repeated delays, NHPS shall terminate the Contract.

7.9 Failure to agree with the “Terms and Conditions” of the Tender

Failure of the Selected Bidder(s) to agree with the terms & conditions of the Contract shall constitute sufficient grounds for the annulment of the Bid or the Award. In such circumstances, NHPS would reject the Bid.

7.10 Contract Documents

Subject to the order of precedence set forth in the Contract, all documents forming the Contract (and all parts thereof) are intended to be correlative, complementary, and mutually explanatory. The Bid submitted after due date and time shall not be accepted.

7.11 Language

The Bid prepared by the Bidder and all correspondence and documents related to the Bid exchanged between the Bidder and the SHA shall be only in the English language.

Any printed literature/ document furnished by the Bidder, if asked for by the SHA as a part of the bid submission documents, may be written in another language, as long as such literature is accompanied by a translation of its pertinent passages in English in which case, for the purposes of interpretation of the Bid, the English translation shall prevail. In all such cases, the translated

literature/ document shall be duly notarized by a public notary. Supporting materials which are not translated into English may not be considered by the SHA during the bid evaluation.

7.12 Reporting

All correspondences by the Agency shall be addressed to the CEO of NHPS.

7.13 Recoveries from Agency

a. Recovery of penalties shall be made from the instalments to be made to the Agency.

b. NHPS shall withhold amount to the extent of shortcomings of the delivery of services unless these are completed as per Audit Agency Service Provider Contract. In case of failure to withhold the amount, it shall be recovered from dues of the Agency. The balance, if any, shall be demanded from the agency and when recovery is not possible, NHPS shall take recourse to law in force.

7.14 Taxes & Duties

a. GST, if applicable, should not be included in the Bid price and shall be paid by NHPS separately on prevailing rates. All other taxes, duties, license fee and levies shall be including in the Bid price.

b. TDS, if applicable for any tax, shall be done as per law in force at the time of execution of the Contract.

7.15 Copyright

The copyright in all materials containing data and information furnished to the Agency herein shall remain vested in NHPS, or, if they are furnished to NHPS directly or through the Agency by any third party, including suppliers of materials, the copyright in such materials shall remain vested in such third party.

7.16 Force Majeure

a. Neither party will be liable in respect of failure to fulfill its obligations, if the said failure is entirely due to Acts of God, Governmental restrictions or instructions, natural calamities or catastrophe, epidemics or disturbances in the country.

b. Force Majeure shall not include (i) any event which is caused by the negligence or intentional action of a Party or by or of such Party's agents or employees, nor (ii) any event which a diligent Party could reasonably have been expected both to take into account at the time of being assigned the work, and avoid or overcome with utmost persistent effort in the carrying out of its obligations hereunder.

c. A Party affected by an event of Force Majeure shall immediately notify the other Party within 7 working days of such event, providing sufficient and satisfactory evidence of the nature and cause of such event, and shall similarly give written notice of the restoration of normal conditions as soon as possible.

d. The failure of a party to fulfill any of its obligations under the work order/ Contract shall not be considered to be a breach of, or default under the work order/ Contract insofar as

such inability arises from an event of Force Majeure, provided that the Party affected by such an event: - has taken all precautions, due care and reasonable alternative measures in order to carry out the terms and conditions of the work order/ Contract, and has informed the other party within 7 days from the occurrence of such an event, including the dates of commencement and estimated cessation of such event of Force Majeure; and the manner in which the Force Majeure event(s) affects the Party's obligation(s) under the work order/ Contract.

7.17 Termination

7.17.1 Termination for Default

i. NHPS may, without prejudice to any other remedy for breach of contract, terminate the Contract in whole or part by 30 days' written notice from the date of default, if the Agency fails to deliver any or all of the conditions of the Agreement or Scope of Work prescribed under RFP within the period(s) specified in the Contract, or within any extension thereof granted by the SHA pursuant to conditions of the terms and conditions set out in the Contract or if the Agency fails to perform any other obligation(s) under the Contract.

ii. In the event of termination resulting under the aforesaid clause, NHPS shall be liable to make no payments in favor of the agency; however, NHPS will be entitled to take any recourse available under the law, including blacklisting the Agency.

iii. In the event that NHPS terminates the Contract in whole or in part, pursuant to the terms and conditions set out in the Contract, it may procure, upon such terms and in such manner, as it deems appropriate, systems or services similar to those undelivered and the Agency shall be liable to pay NHPS for all costs and expenses relating to procurement of such similar systems or services. However, Agency shall continue the performance of the Contract to the extent not terminated.

7.17.2 Termination for Insolvency

NHPS may at any time terminate the Contract by giving a written notice of at least 30 days to the Selected Bidder/Agency, if the Selected Bidder/Agency becomes bankrupt or otherwise insolvent. In such event, termination will be without compensation to the Selected Bidder/Agency, provided that such termination will not prejudice or affect any right of action or remedy that has accrued or will accrue thereafter to NHPS.

7.17.3 Termination for Other Reasons

NHPS, by 30 days' written notice sent to the Agency, may terminate the Contract, in whole or in part at any time. The notice of termination shall specify that termination is for NHPS's convenience, the extent to which performance of the Agency under the Contract is terminated and the date upon which such termination becomes effective. However, any undisputed payment to the invoices of the task accomplished by Agency would be paid by NHPS.

7.17.4 Termination for Force Majeure

In event that a Force Majeure event continues for 90 (ninety) days and/or NHPS or the Agency does not see any feasibility of continuing the project due to a Force Majeure event, then NHPS may, on expiry of 90 (ninety) days or at any period before that in event of no foreseeability of project, issue a termination notice to the Agency, terminating the Contract with immediate effect. The Agency shall be awarded 30 (thirty) days to complete any pending activities and clear the premises provided by NHPS. Payments for works done prior to the commencement of the Force Majeure period shall be duly paid to the Agency by NHPS.

7.18 Indemnity

a) The Agency shall at all times indemnify and keep indemnified NHPS against all claims, actions, proceedings, lawsuits, demands, losses, liabilities, damages, fines or expenses (including interest, penalties, attorneys' fees and other costs of defense or investigation (i) related to or arising out of, whether directly or indirectly, (a) a breach by the resources appointed by or through the Agency of any obligations specified in relevant clauses hereof; (b) negligence, reckless or otherwise wrongful act or omission of the resources appointed by or through the Agency including professional negligence or misconduct of any nature whatsoever in relation to services rendered by them;

b) The Agency shall at all times indemnify and keep indemnified NHPS against all claims/damages etc. for any infringement of any Intellectual Property Rights (IPR) while providing its services under the Project.

c) The Agency shall at all times indemnify and keep indemnified NHPS against any claims in respect of any damages or compensation payable in consequences of any accident or injury sustained or suffered by its (Agency's) employees or agents or by any other third party resulting from or by any action, omission or operation conducted by or on behalf of the Agency or its employees.

d) The Agency shall at all times indemnify and keep indemnified NHPS against any and all claims by employees, workman, contractors, sub-contractors, suppliers, agent(s), employed engaged or otherwise working for the Agency, in respect of wages, salaries, remuneration, compensation or the like.

e) All claims regarding indemnity shall survive the termination or expiry of the Contract.

7.19 Miscellaneous

a) The Selection Process shall be governed by, and construed in accordance with, the laws of India and the Courts at Kohima shall have exclusive jurisdiction over all disputes arising under, pursuant to and/or in connection with the Selection Process.

b) The NHPS, in its sole discretion and without incurring any obligation or liability, reserves the right, at any time, to:

i. suspend and/or cancel the Selection Process and/or amend and/or supplement the Selection Process or modify the dates or other terms and conditions relatingthereto;

ii. consult with any Bidder in order to receive clarification or further information;

iii. retain any information and/or evidence submitted to the NHPS by, on behalfof and/or in relation to any Bidder; and/or

iv. independently verify, disqualify, reject and/or accept any and all submissions or other information and/or evidence submitted by or on behalf of any Bidder.

c) It shall be deemed that by submitting the Bid, the Bidder agrees and releases the NHPS, its employees, agents and advisers, irrevocably, unconditionally, fully and finally from any and all liability for claims, losses, damages, costs, expenses or liabilities in any way related to or arising from the exercise of any rights and/or performance of any obligations hereunder, pursuant hereto and/or in connection herewith and waives any and all rights and/ or claims it may have in this respect, whether actual or contingent, whether present or future.

d) All documents and other information provided by NHPS or submitted by a Bidder to NHPS shall remain or become the property of NHPS. Bidders or the Agency, as the case may be, are to treat all information as strictly confidential. NHPS will not return any Bid or any information related thereto. All information collected, analyzed, processed or in whatever manner provided by The Bidder to NHPS in relation to the assignment shall be the property of NHPS.

e) The NHPS reserves the right to make inquiries with any of the clients listed by the Bidders in their previous experience record.

f) The Agency shall bear all the expenses regarding delivery of services.

g) The Agency shall not, under any circumstances, revise the rates already approved for services. Any request for an increase in the rates will not be entertained under any circumstances during the contract period.

h) The Agency shall execute the whole work in strict accordance with guidelines of NHPS.

i) NHPS shall reserve the right to make any alterations in or additions to the original scope of work on mutually agreed terms. Any additional work which the Agency may be directed to do in the manner specified above as part of the work shall be carried out by the Agency on the same conditions in all respects on which it had agreed to do the original work and at the same rates as specified by NHPS.

j) Any publicity by the Agency in which the name of NHPS is to be used should be done only with the explicit written permission of NHPS.

ANNEXURE 1: BID APPLICATION COVER LETTER

[On the letterhead of the Bidder]

From:

[insert name of Bidder]

[insert address of Bidder]

To:

_____

_____

_____

Dear Sir,

With reference to your RFP Document dated [*date*], we *[insert name of Bidder],* having examined all relevant documents and understood their contents, hereby submit our Bid for Selection of Agency for Medical Audit and Field Investigation under Ayushman Bharat Pradhan Mantri Jan Arogya Yojna Chief Minister Health Insurance Scheme (AB PM-JAY CMHIS) In the State of Nagaland The Bid is unconditional and unqualified.

We understand the SHA is not bound to accept any Bid it receives. Further:

1. We acknowledge that NHPS will be relying on the information provided in the Bid andthe documents accompanying the Bid for selection of the Agency, and we certify that all information provided in the Bid and in the supporting documents is true and correct, nothing has been omitted which renders such information misleading, and all documents accompanying such Bid are true copies of their respective originals.
2. This statement is made for the express purpose of appointment as the Agency for the aforesaid Project.
3. We shall make available to NHPS any additional information it may deem necessary or require for supplementing or authenticating the Bid.
4. We acknowledge the right of NHPS to reject our Bid without assigning any reason or otherwise and hereby waive our right to challenge the same on any account whatsoever.
5. We certify that in the last 3 (three) years, we have neither failed to perform on any assignment or contract, as evidenced by the imposition of a penalty by an arbitral or judicial authority or a judicial pronouncement or arbitration award against us, nor been expelled from any project, assignment or contract by any public authority nor have had any assignment or contract terminated by any public authority for breach on our part.

We declare that:

a) We have examined and have no reservations to the RFP, including any addendum issued by the NHPS;

b) We do not have any conflict of interest in accordance with the terms of the RFP;

c) We have not directly or indirectly or through an agent engaged or indulged in any corrupt practice, fraudulent practice, coercive practice, undesirable practice or restrictive practice, as defined in the RFP document, in respect of any tender or request for Bid issued byor any agreement entered with NHPS or any other public sector enterprise or any government, Central or State; and

d) We hereby certify that we have taken steps to ensure that no person acting for us or on our behalf will engage in any corrupt practice, fraudulent practice, coercive practice, undesirable practice or restrictive practice.

6. We understand that NHPS may cancel the selection process at any time and that NHPS is neither bound to accept any Bid that you may receive nor to select the Agency, without incurring any liability to the Bidders.

7. We declare that we are not directly or indirectly related to any other Bidder applying for selection as an Agency.

8. We certify that in regard to matters other than security and integrity of the country, we or any of our affiliates have not been convicted by a court of law or indicted or subjected to adverse orders passed by a regulatory authority which would cast a doubt on our ability to undertake the Project or which relates to a grave offence that outrages the moral sense of the community.

9. We further certify that in regard to matters relating to security and integrity of the country, we have not been charge-sheeted by any agency of the Government or convicted by a court of law for any offence committed by us or by any of our affiliates.

10. We further certify that no investigation by a court or regulatory authority is pending either against us or against our affiliates or against our CEO or any of our Partners/Directors/ Managers/ employees.

11. We hereby irrevocably waive any right or remedy which we may have at any stage at law or howsoever otherwise arising to challenge or question any decision taken by NHPS in connection with the selection of Agency or in connection with the selection process itself in respect of the abovementioned Project.

12. We agree and understand that the Bid is subject to the provisions of the RFP document. In no case, shall we have any claim or right of whatsoever nature if the Project is not awarded to us or our Bid is not opened or rejected.

13. We agree to keep this Bid valid for 180 (one eighty) days from the Bid Due Date specified in the Bid Data Sheet of this RFP.

14. A Power of Attorney in favor of the authorized signatory to sign and submit this Bid and documents is attached herewith.

15. We are submitting with this Letter, the documents that are listed in the checklist set out Annexure 11 of this tender document.

16. We agree and undertake to abide by all the terms and conditions of the RFP Document.

Yours sincerely,

Authorized Signature [*In full and initials*]: Name andTitle of Signatory:
Name of Firm:
Address: Telephone:
Fax:
(Name and seal of the Bidder)

ANNEXURE 2: APPLICANT DETAILS

1. Details of the Company
    a. Name:
    b. Address of the corporate headquarters:
    c. Corporate Identification Number:
    d. GST:
    e. PAN:
    f. TAN:
    g. Date of incorporation:
    h. Date of commencement of business:
    i. Address and contact numbers of its branch office in the State, if any:
    j. Name and contact details of Branch Head in the State:

2. Details of the individual who will serve as the point of contact / communication for the State Health Agency for the purposes of this tender:

    a. Name:
    b. Designation:
    c. Company:
    d. Address:
    e. Telephone Number:
    f. Mobile number:
    g. E-mail Address:
    h. Fax Number:

3. Particulars of the Authorised Signatory of the Bidder:
    a. Name:
    b. Designation:
    c. Company:
    d. Address:
    e. Telephone Number:
    f. Mobile number:
    g. E-mail Address:
    h. Fax Number:

[Note to Bidder: Kindly annex copies of the following along with this Annexure 2]

Please find annexed copies of the following:

1. Certificate of Incorporation
2. Memorandum of Association
3. Articles of Association
4. GST Certificate
5. PAN Card Copy

6. TAN Card Copy
7. EPF / ESIC / Other Labour Laws Compliance Certificates
8. Profile of Company

Dated this ___ day of _____, 202X

_____(Signature)
……. (insert name of the authorized signatory)
In the capacity of ____[position]
Duly authorized to sign this Bid for and on behalf of _____[name of Bidder]

ANNEXURE 3: POWER OF ATTORNEY FOR SIGNING OF BIDS

(On Rs. 100 Non-Judicial Stamp paper duly attested by Notary Public)

POWER OF ATTORNEY

Know all men by these presents, We M/s ----------

(Name and address of the registered office) do hereby constitute, appoint, and authorize Mr/Ms

---

(Name and residential address and PAN), duly approved by the Board of Directors /Partnership Firm / Proprietor / Agency in who is presently employed / himself (proprietor/partner) with us and holding the position of---------- as our attorney, to do in our name and on our behalf, all such acts, deeds, and things necessary in connection with or incidental to our Bid for claims and beneficiary audit under AB PM-JAY CMHIS. We hereby agree to ratify all acts, deeds, and things lawfully done by our said attorney pursuant to this Power of Attorney and that all acts, deeds, and things done by our aforesaid attorney shall and shall always be deemed to have been done by us.

Dated this the _____ Day of _____202X

For _____

(Name, Designation and Address)

Accepted

_____Signature)

(Name, Title and Address of the Attorney)

Date: _____

ANNEXURE 4: BIDDER TURNOVER EXPERIENCE

[Note to Bidder: Bidder must submit certificate issued by a Chartered Accountant in the format given below confirming the average annual turnover of the Bidder during the preceding three financial years (FY 2021-22, 2022-23, 2023-24) along with audited financial statements (balance sheet, profit and loss statement, etc.)]

Average Annual Turnover

Sr. No	Financial Year	Turnover
1.	FY 2021-22	
2.	FY 2022-23	
3.	FY 2023-24	
	Cumulative Turnover	

Authorized Signature [In full and initials]:
Name and Title of Signatory:
Name of Firm:
Address:
Telephone:
Fax:
(Name and seal of The Bidder)

ANNEXURE 5: BIDDER AUDIT EXPERIENCE

Cumulative work experience of 10,000 and above health claims audit and / or desk medical claims audit and/or field medical claims investigation (at hospitals) under AB-PMJAY or any North-East State Government Health Insurance Scheme with the State Health Agency / State Government or Insurance Company or TPAs in last three financial years (FY 2021-22, 2022-23 and 2023-24).

[Note to Bidder: Bidder to annex copy of work order/client certificate /contract copy/ client project completion certificate specifying the name of the scheme and number of health claims investigated and audited]

SN	Client Name	Financial Year	Period of Work	No. of audits (desk and field) (at hospitals)
1.				
2.				
3.				
4				
5				
Total No. of Audits				

Authorized Signature [In full and initials]:
Name and Title of Signatory:
Name of Firm:
Address:
Telephone:
Fax:

(Name and seal of The Bidder)

ANNEXURE 6: BIDDER PROJECT EXPERIENCE

Experience of ongoing or completed projects providing claims and/or field audit experience under AB PM-JAY or any State Health Insurance Scheme with State Health Agency / State Government or Insurance Companies or TPAs in the last three financial years ending March 2024.

[Note to Bidder: Bidder to annex copy of work order/client certificate /contract copy/ client project completion certificate specifying the name of the scheme and number of health claims investigated and audited (on the client's letterhead)]

SN	Client Name	Financial Year	Period of Work
1.			
2.			
3.			
4			
5			
6.			

Total Number of Projects:

Authorized Signature [In full and initials]:
Name and Title of Signatory:
Name of Firm:
Address:
Telephone:
Fax:

(Name and seal of The Bidder)

ANNEXURE 7: DETAILS ON EXISTING MEDICAL STAFF

[Note to Bidder: Bidder to provide the following details of existing medical staff in ongoing projects related to desk medical claims audit and field medical claims investigation (at hospitals) under AB-PMJAY or any State Government Health Insurance Scheme with State Health Agency/State Government or Insurance Company or TPAs

Bidder must also annex Salary slips, Offer letter, Degree certificates, Bank statement of company reflecting credit of salary for FY 24-25 of the following mentioned employees]

Details of MBBS Qualified Staff

Sr. No.	Name of Employee

Details of Specialists / Superspecialists

Sr. No.	Name of Employee

Authorized Signature [In full and initials]:
Name and Title of Signatory:
Name of Firm:
Address:
Telephone:
Fax:
(Name and seal of The Bidder)

ANNEXURE 8: BLACKLISTING AND PENDING SUIT DECLARATION

(on non-judicial paper of Rs, 100/-duly notarized by Notary Public / First Class Magistrate)

AFFIDAVIT

I / We……. (Full name in capital letters starting with surname), the Proprietor/ Partner /Managing Director / Holder of power of attorney of.....the business, establishment / firm / registered company do hereby, in continuation of the terms and conditions underlying the RFP document and agreed to by me/us, give following undertaking.

1. It is declared that the Bidder ……has not been declared insolvent at any time in the past and has not been debarred or blacklisted by the NHPS, the Central Government, any State Government, Public Sector Undertaking or any other local body from start date of tender notice. Further, the Bidder has not been imposed a penalty of Rs. 1.0 (one) Crore or above by any of the State sponsored scheme or under PM-JAY, and has not been convicted under any provision of Indian Penal Code (IPC) or Preventionof Corruption Act. Further, no criminal case is pending against me/us in any court of law.

2. It is further declared that the Bidder……. shall inform NHPS of any such pending suits, enquiries, or investigations against the Bidder in any court of law, legal authority, paralegal authority which may hamper the execution of works under this RFP.

3. The Bidder ..... does hereby agree that if, in the future, it comes to the notice of NHPS or if it is brought to the notice of NHPS that any disciplinary or penal action has been taken due to violation of terms and conditions of the tender/RFP document which amounts to cheating or demonstrates mala fide intent during the execution of the contract anywhere in NHPS or either by the Central Government, or any State Government, Public Sector Undertaking, or any other local body, the NHPS shall have full discretion to take any appropriate action it deems fit.

Full name and complete address with Signature of Bidder

WITNESS:
(1)Full Name …….
And Address …….
Signature ……

(2)Full Name ……
And Address …….
Signature …….

[*Location, Date*]

Yours sincerely,

Authorized Signature [*In full and initials*]:
Name andTitle of Signatory:
Name of Firm:
Address:
Telephone:
Fax:
(Name and seal of The Bidder)

ANNEXURE 9: FINANCIAL BID

Financial Quotation

The rates quoted are inclusive of the following:

a) The cost of all activities and deliverables as specified in the RFP document.

b) No additional items or components beyond those specified will be considered for payment.

c) The cost of all materials, manpower, transportation, equipment, tools, and other resources required for execution of the contract.

d) All applicable taxes, cesses, levies, duties, and any other incidental direct or indirect costs applicable during the contract period (including GST).

Note: GST shall be itemized separately in the financial quotation.

[Rates entered in commercial rate page and duly signed by the authorized representative of the bidder shall only be considered.]

The Financial Bid of our firm is, that we shall offer the following rates (in INR)

Particulars	Cost Per claim (including GST)* (INR) (A)	Total Number of Claims (B)	Total Cost = (A) x (B)
Cost per claim for Medical Audit and Field Audit	<to be filled in INR>	_____ claims expected in 2025-26	
Total			

Sincerely,

……..

Signature of Authorized Signatory

Name:

Designation:

Mobile No.:

Email Address:

Date

ANNEXURE 10: DECLARATION OF CONFLICT OF INTEREST

I hereby declare the following potential conflict of interest situation.

(Please include detail description of potential conflict situation and details of interested party(ies) and steps taken to mitigate it.)

Yours sincerely,

Authorized Signature [*In full and initials*]: Name andTitle of Signatory:
Name of Firm:
Address: Telephone:
Fax:
(Name and seal of the Bidder)

ANNEXURE 11: CHECKLIST FOR QUALIFICATION BID

[On Letterhead of the Bidder]

We, ……. (insert name of the Bidder), hereby confirm that we are submitting the following documents as a part of our Qualification Bid in response to this Tender Document under the Ayushman Bharat Pradhan Mantri Jan Arogya Yojana Chief Minister Health Insurance Scheme (AB PM-JAY CMHIS):

No.	Document	Document No. (Reference no. to be provided in the Qualification Bid)	Submitted (Yes / No)
1	Bid Application Cover Letter	Annexure 1	
2	Applicant Details	Annexure 2	
3	Certification of Incorporation along with the Articles & Memorandum of Association of the Company under The Companies Act, 1956 and/or 2013, in India.	Annexure 2	
4	GST Certificate	Annexure 2	
5	PAN Card Copy	Annexure 2	
6	TAN Card Copy	Annexure 2	
7	EPF/ESIC/Other Labor laws compliance certificates	Annexure 2	
8	Profile of company	Annexure 2	
9	Power of Attorney for Signing of Bids	Annexure 3	
10	CA Certificate of Bidder Turnover Experience for financial years 2021-22, 2022-23, 2023-24	Annexure 4	
11	Audited Financial Statements (balance sheet, profit and loss statement, etc.) for financial years 2021-22, 2022-23, 2023-24	Annexure 4	
12	Bidder Audit Experience for financial years 2021-22, 2022-23, 2023-24	Annexure 5	
13	Copy of work order / client certificate / contract copy / client project completion certificate specifying the name of the scheme and number of health claims investigated and audited (on the client's letterhead) for financial years 2021-22, 2022-23, 2023-24	Annexure 5	

No.	Document	Document No. (Reference no. to be provided in the Qualification Bid)	Submitted (Yes / No)
14	Bidder Project Experience for financial years 2021-22, 2022-23, 2023-24	Annexure 6	
15	Copy of work order / client certificate / contract copy / client project completion certificate specifying the name of the scheme and number of health claims investigated and audited (on the client's letterhead) for financial years 2021-22, 2022-23, 2023-24	Annexure 6	
16	Details on Existing Medical Staff	Annexure 7	
17	Salary slips, Offer letter, Degree certificates, Bank statement of company reflecting credit of salary for FY 24-25 for existing medical staff	Annexure 7	
18	Blacklisting And Pending Suit Declaration	Annexure 8	
19	Declaration of Conflict of Interest	Annexure 10	
20	Checklist for Qualification Bid	Annexure 11	

Yours sincerely,

Authorized Signature [*In full and initials*]: Name andTitle of Signatory:
Name of Firm:
Address: Telephone:
Fax:
(Name and seal of the Bidder)

ANNEXURE 12: PREBID QUERY FORMAT

Sr. No	Bidder Name	RFP Clause No.	RFP Page No.	RFP Clause Details	Query