	Scheme Name: "Himachal Pradesh Universal Health Protection Scheme"						
							15.06.2017
	Pre-Bid Queries & Responses						
S.No	Company Name	Section no.	RFP Page No	RFP Clause No	Clause Details	Query/Suggestion/clarification	Response by SNA
1	Smart Chip India Limited		PART - I Page No. - 5	4.2	**4.2 Size of Family** There will be no family cap. Maximum five members can be enrolled in a smart card so if the family size will be more than five, one additional card will be given to the family.	Incase of additional card issued to a family, please clarify: 1. Who will be the HoF for the Second Card as only dependents can't be enrolled without HoF? 2. What amount is to be taken from Family for the additional card?	1. In case an additional card is issued, the next elder person decided by the HOF will be HOF for the second card. 2. Same amount i.e. Rs. 1/- per day will be collected for the second card
2	Smart Chip India Limited		PART - I Page No. -8	8.1	**Enrollment of Beneficiaries**	1. In which format will HP SNA provide the raw data for enrollment? 2. Will the HoF name and Family details are made available to SA for 5 lacs data.	The pre enrollment data is not available. The Support Agency will enter the data at the time of enrollment i.e. on the spot enrollment and card issuance process will be adopted.

| 3 | Smart Chip India Limited | | PART - I Page No. - 10 | p. | At the time of handing over the smart card, the Support Agency shall collect the premium of Rs.1/- per day i.e. Rs. 365/- for one year and Rs. 1,000/- for three years if the beneficiary family intends to enrol for three years under the scheme, from the beneficiary. | Please clarify: 1. How the entries will be made in the enrollment software and database to identify that the card is issued for one year or three years? 2. Will the policy information of one year and three years will be encoded in the Chip of the Smart Card? | No, as per enrollment software only one year policy will be entered in cards. The support agency will give the detail of URNs where three years premium will be collected. Mechanism will be decided later regarding entering the policy for three years. |

4	Smart Chip India Limited		PART - I Page No. - 11	8.2.2	**8.2.2 Settlement of Claims and Claim Turnaround Time** c. The beneficiary will visit the hospital, swipe his smart card and transaction recorded in the software installed in the hospital. d. The hospitals will upload the claims through TMS (Transaction Management System) to the server on daily basis.	Please clarify: 1. Will the same RSBY & MMSHCS TMS software be used for HPUHPS Scheme? 2. If yes, then how the IP of the Selected Agency (HPUHPS) will be configured in TMS as we understand that for RSBY Scheme already Insurance Co. IP, SNA IP and MoHFW IP was configured in TMS software? 3. Do we have to create any scheduler in SNA server to take the transaction data on our server or we have to configure our IP in TMS application?	1. The same TMS i.e. RSBY & MMSHCS will be used for HPUHPS Scheme. 2. The Support Agency will develop an utility to push the claims from SNA server to its server.
5	Smart Chip India Limited		PART - I Page No. - 13	9	Payment of fees to Support Agency	1. Is there any FKO fees which are to be paid to FKO by the support agency?	No fees is required to be paid to FKO by the support agency.
6	Smart Chip India Limited		**PART - II** Page No. - 20	1.1 (c)	The company should have an Average Turnover of at least Rs. 4.0 crore for the three financial years i.e. 2013-14, 2014-15 & 2015-16.	As per the tender clause, after the award of contract the Support Agency has to submit a security of 50 Lacs to SNA. With this clause 4.0 crore turnover will be less as a qualifying criteria. Request you to kindly ask for the turnover of at least 20 crore for the three financial years.	As per tender document

7	Smart Chip India Limited		**PART - II** Page No. - 20	1.1 (d)	Should have processed at least 20,000 claims in the year 2016-17	We request you to consider previous years 2014-15, 2015-16 and 2016-17 experience for 20,000 cumulative claims management experience of last 3 years knowing that in most of the states' RSBY policy had collapsed in later period of 2015 & 2016 to till date. It is now that states are reviving the scheme and tenders have started coming. Last two years clause was also amended by the HP SNA in MMSHCS tender in years 2015.	Agreed. Corrigendum uploaded on websites

8	Smart Chip India Limited		**PART - II** Page No. - 20	1.1 (e)	Should possess demonstrated claim management capacity of a minimum Rs. 25 crore (Rs. Twenty Five Crore) during the financial year 2016-17	We request you to consider previous years 2014-15, 2015-16 and 2016-17 experience for 25 crore cumulative claims management experience of last 3 years knowing that in most of the states' RSBY policy had collapsed in later period of 2015 & 2016 to till date. It is now that states are reviving the scheme and tenders have started coming. Last two years clause was also amended by the HP SNA in MMSHCS tender in years 2015.	Agreed. Corrigendum uploaded on websites
9	Smart Chip India Limited				Regarding KOISK	1. Exclusive & Dedicated provision of manpower KOSK. Manpower in any sort should not be shared with any other existing scheme (state or central Govt). 2. Exclusive & Dedicated Helpdesk should be provisioned for better support, service and comfort to beneficiaries.	The Support Agency has to provide the dedicated manpower & KIOSK for HP Universal Health Protection Scheme

1	UTIITSL	PART 1	Information to the bidder point 3		5	In addition to the estimated number of beneficiaries as given above, the State Government/State Nodal Agency may add more Beneficiaries to the scheme. The Same terms and conditions shall be applicable to additional beneficiary families.	As the expected beneficiaries are given as 500000, as per the given clause what % of beneficiaries can be added during this project? Pls clarify.	At present State is implementing RSBY and MMSHCS for the selected categories and 5.86 lakh families are enrolled. It will depend on the implementation of above schemes. There are chances to cover these families under HPUHPS in future.
2	UTIITSL	General Query	8. Activities to be done by Support Agency (SA)		8	General Query	Where these enrolment will be done? Pls clarify if the State Government will provide the space for these centers?	The enrollment will be done at Panchayat level in consultation with District Administration. The space will be provided by the District authorities

| 3 | UTIITSL | General Query | 8. Activities to be done by Support Agency (SA) | | 8 | The enrolment of the beneficiaries will be one of the major tasks to be undertaken by the Support Agency with support of State Nodal Agency. The selected agency will enrol the beneficiaries by capturing data and biometric information of family and will issue the Smart Card, directly or through Smart Card Vender and handover the same to the beneficiaries at enrolment station/village level itself during the enrolment period. | Will these smart card be given to the benefirciary instantly? OR it will be provided through dispatch to them? | Yes, smart card will be given instantly. |
| 4 | UTIITSL | General Query | 8. Activities to be done by Support Agency (SA) | | 9 | The latest version of certified Enrolment Software, as provided by State Nodal Agency, shall be used for enrolment of beneficiaries and issuance of smart card. | Pls clarify if proper training will be provided by State Government for using the software provided | Training can be provided to the team leader. He can further train the operators |

| 5 | UTIITSL | General Query | 8. Activities to be done by Support Agency (SA) | 9 | h. The Support Agency shall conduct awareness campaigns and publicity of visits by the enrolment team, for enrolment of beneficiary family units, well in advance of the commencement of enrolment in a district. Such awareness campaigns and advance publicity shall be conducted in consultation with the State Nodal Agency and the district administration in respective villages and urban areas to ensure the availability of maximum number of beneficiary family units for enrolment on the agreed date(s). i. Support Agency will place a banner in the local language at the enrolment station providing information about the enrolment and details of the scheme etc. | Pls clarify, who would bear the cost of advertising, banner? | Support Agency |

| 6 | UTIITSL | General Query | 8. Activities to be done by Support Agency (SA) | | 9 | p. At the time of handing over the smart card, the Support Agency shall collect the premium of Rs.1/- per day i.e. Rs. 365/- for one year and Rs. 1,000/- for three years if the beneficiary family intends to enrol for three years under the scheme, from the beneficiary. The Support Agency will be remitting the premium amount collected from the beneficiaries to the bank account of State Nodal Agency twice in a week and will submit the complete details of the beneficiaries through soft and hard copies (every third day). | Pls elaborate, how it will work? | It will be the responsibility of Support Agency to deposit the amount so collected in the bank account of State Nodal Agency twice in a week. |
| 7 | UTIITSL | General Query | 8. Activities to be done by Support Agency (SA) | | 10 | r. The Support Agency shall also provide a booklet to the beneficiary | Pls clarify, who would bear this cost? | Support Agency |

8	UTIITSL	General Query	8. Activities to be done by Support Agency (SA)		11	z. The Support Agency shall develop an application for capturing the actual demographic details of beneficiaries and also develop an application for transferring the claim data from State Server to its server electronically.	Pls clarify, who would provide the licence for this application development? Any preferred technology? What is the timeline? Any preferred team size? Where this development team will sit and operate? Where this application will be deploy? What kind of support SA will get from the State government for deploy and hosting of this application?	The support agency will develop an utility to capture the same for which licence is not required. The utility to be deployed in all the enrollment kits.
9	UTIITSL	General Query	8.3Audits		12	8.3.1 Medical Audit a. The Support Agency shall carry out regular inspection of healthcare providers through periodic medical audits, to ensure proper care and counselling for beneficiaries at the healthcare providers.	SA need to empanle woth Doctors for this audit? How many doctors need to be empanelled?	At least one doctor is required to be hired by the Support Agency

10	UTIITSL	General Query	8.3.2		8.3.2 Beneficiary Audit For Beneficiaries who have been discharged, the Support Agency, on a random basis, must visit the Beneficiary's residence to verify the admission and treatment taken from the Empaneled Healthcare Provider along with their experience at the corresponding healthcare provider.	How it will be done? Who would provide the format and Parameters details for this audit? How frequent this audit is required?	The State Nodal Agency will provide the format and parameter details for audit. Twice in a year.
11	UTIITSL		8.3.5. Support in Grievance redressal related to hospitals:	13	**The support agency will carry out field based analysis on the instructions of State Nodal Agency based on the grievances received from the beneficiaries/ other agencies related to treatment at hospitals.**	**pls elaborate, field based analysis?**	The Support Agency will visit the fields i.e. Will contact the beneficiaries and hospitals

12	UTIITSL		9	C		14	C. For recharging the smart cards in second or subsequent year (if needed). For second/subsequent year if the smart cards are recharged then (if required), the cost of Smart Card (estimated as Rs. 40 per card), will NOT be paid to the Support Agency and will be deducted from the cost to be paid to Support Agency.	Please clarify	If smart cards are recharged/renewed during the subsequent years then State Nodal Agency will deduct Rs. 40 per card from the card preparation fees as no new card will be issued. Same cards will be recharged
13	UTIITSL		9	C		14	For Claim Settlement, Medical Audits and Call Centre tie up – For claim settlement and related activities, payment to be done to Support Agency based on number of unique claims received. Therefore, a rate of per claim received will need to be quoted by the agency for this tender. This payment will be done on a	Please clarify	The Support Agency will be paid on the basis of number of unique claims settled by it. So claim settlement fees is required to be quoted on per claim basis.

					monthly basis based on number of unique claims received.		

14	UTIITSL		19	**Support Agency undertaking with respect to provisioning of services**		18	a. If the Support Agency does not have in-house capacities to act as Smart Card Service Provider (SCSP) then Support Agency will enter into an agreement with a SCSP within a period of 14 days, from signing of the Agreement with State Government/State Nodal Agency, for the purpose of enrolment of HPUHPS beneficiaries. b. The Support Agency will enter into an agreement with the existing insurance company or their representative running RSBY or SA implementing MMSHCS so as to ensure services of a fully operational and staffed district kiosk and call centre within 15 days of signing the agreement with the State Government/Nodal Agency.	SA will ge the assistance from State govt for this activity?	State Nodal Agency will assist the SA for the purpose

15	UTIITSL	Annexure G	Annexure G – Format of financial bid	36	Annexure G – Format of financial bid A Cost of Smart card issued per Beneficiary Family Unit needs to be quoted. A Cost for Per Claim Received needs to be quoted.	Pls clarify if the amount or the% of the servcie charges need to be quoted?	The Support Agency will quote amount in total i.e. inclusive of all the taxes.
16	UTIITSL	2 Enrollment Station	Component	42	hardware and software requirement at enrolment station	Hardware will be provided by SA? SA need to procure it? Pls explain the procurement process.	The Support Agency has to purchase or provide the hardware. The Enrollment software will be provided by the SNA
17	UTIITSL	44 3.1. Specifications for Smart Cards		44	Microprocessor based Integrated Circuit(s) card with Contacts, with minimum 64 Kbytes available EEPROM for application data or enhanced available EEPROM as per guidelines issued for RSBY.	SCOSTA CL Card will be rewritable? Pls clarify if the data in the card can be updated if there is any changes in the number of family members.	The data can be updated at KIOSK only

| 18 | UTIITSL | 4. Software | | | 45 | 4. Software The software for Enrollment and Card Issuance will be provided by SNA. Software for conducting transactions at hospitals and managing any changes to the cards at the District kiosk will also be provide by SNA. SA would have to provide all the hardware and licensed software (database, operating system, etc.) required to carry out the operations, as per requirement, at the agreed points for enrollment and card issuance. For the transaction points at healthcare providers anddistrict kiosks, the cost would be borne as per terms of the tender. | Hardware will be provided by SA? SA need to procure it? Pls explain the procurement process. | The Support Agency has to purchase the hardware i.e. Laptop, printer, card reader and biometric scanner etc. |

19	UTIITSL	General Query				Pls explain the estimated OR approximate number of Enrolment center will be set up by the SA.	There are 79 development block in the State and 3226 panchayats. The Support Agency has to prepare the plan for set up of enrollment centres.
20	UTIITSL	Appendix 5		53	At least one electricity back facility is placed per 5 kits. • At least one spare (functional) backup kit in field per 10 functional kits. • The head quarter of the enrollment team should not be more than 30 Km. away from the farthest enrollment station at any time during the enrollment drive. • No. of vehicle has to be as per the enrollment plan agreed between SA and the district authorities.	How many vehicles needs to be provided by SA , pls clarify if SA need to procure these vehicles and can be hired as and when required OR will be provided dedicatedly?	It will depend on the enrollment plan
21	UTIITSL	Human Resources		53	Human Resources	Please clarify on the payment for Human Resources deployed by the SA.	The Support Agency has to bear the cost.

1	MD India	General			Data Evaluation	Total Eligible Population is not part of tender, it would be helpful for us to estimate the workload if total population per district can be shared	At present pre enrollment data is not available. The average family size as per census is 4.6 and it is estimated to enroll about 5.00 lakh families. For population the agency can check statistical outline of HP on internet.
2	MD India	8.1			IEC	Expenses related to IEC i.e. Banner / Pamphlets / hoardings etc to be borne by SA or it will be reimbursed by SNA	The SA will bear the expenditure cost on IEC
3	MD India	8.1			Booklet	Cost of Booklet & Plastic Jacket for card to be borne by SA or it will be reimbursed by SNA	The SA will bear the cost of booklet & plastic jacket for card

4	MD India		8			Policy Start date & End date	As beneficiary has the option to opt for the scheme for 1 year & 3 years, please guide if card will be valid as per the scheme opted ?	As per enrollment software only one year policy can be entered in cards. The support agency will give the detail of URNs where three years premium will be collected. Mechanism will be decided later regarding entering the policy for three years.
5	MD India		8			Permanent Enrollment Station	Place for the enrollment station will be given by SNA or SA has to get the place on its own	The enrollment will be done at Panchayat level in consultation with District Administration. The space will be provided by the District authorities
6	MD India	General				Hardware	Cost for DKMA Server & DK Server & other hardware should be borne by SA or it will be given by SNA	Cost of DKMA server will be borne by the State Nodal Agency and Support Agency has to bear the cost of DK Server

7	MD India	General			Hardware	Transaction Server & hardware should be setup by SA or it will be provided by SNA	The Server is set up at State Nodal Agency. The SA has to set up its server at head office including hardware. The SA will develop an utility to push the claims from SNA server to its server
8	MD India	Bid Submission			Annexures	Format for Annexure B,C,D,E is missing which is to be submitted.	No formats are required to be provided for these Annexures
9	MD India	Bid Submission			Bid Rates	Bid rates shall be called excluding service tax sighting upcoming GST ruling	Bid rates should be inclusive of all the taxes (GST also)
10	MD India	Bid Submission			Bid Rates	Support agency fee shall be fixed on the basis of card issuance, rather than two separate components of card issuance and claim processing	There are two components under the scheme i.e. Card issuance and claim processing. So SA has to quote fees as per tender document.

11	MD India	General			Service Parameters	Under the definition of service parameters to evaluate servicing at the time of renewal, family size of 4.5 is mentioned, whereas it becomes approx. 100% achievement target in comparison to Family size of latest census of State. This shall be reduced to 3.5 at least	The main aim of the scheme is to enroll each and every member of family. Hence as per tender document.
12	MD India	General			Enrollment	A confirmation is requested on complete separate fee to be paid by SNA for second card to be issued to same family	Yes separate fees will be paid to SA for second card.
13	MD India	General			Servicing	Exclusive setup shall be provisioned by SNA for all eligible participants of Himachal Pradesh Universal Health Protection Scheme, including Manpower, Project office, District Kiosk and related establishment and support team	The Support Agency has to provide the dedicated manpower & set up including KIOSK for HP Universal Health Protection Scheme
14	MD India	General			Enrollment	Parameters to be defined to identify duplicacy of enrollment, wiz members already enrolled under RSBY or MMSHCS	The enrolled data of RSBY and MMSHCS will be shared with the SA to avoid the duplicacy
1	Medi Assist					As per tender there are 5 lakh families eligible, are they providing the database of the beneficiaries? (page 5)	The database is not available

2	Medi Assist					2. There is no cap for number of members in the family, beyond 5 members the tender says give additional card, to get clarity on premium collection for additional card (page 5)	Separate premium will be collected for additional card
3	Medi Assist					3. There are 2 types of coverage 1. Rs 30000/- and 2. Rs 175000 for critical care, however list of procedures and package rates not provided in the tender (page 6)	List has been uploaded on websites
4	Medi Assist					4. Regarding empanelment (page 8) it says No separate empanelment is required as the NWH of RSBY and MMSHCS will be added, do we (SA) need to sign the agreement with Hospitals.	Not required
5	Medi Assist					5. It expected from SA to take consent from each beneficiary family that they are not availing the scheme benefits of RSBY or MMSHCS or any other Medical reimbursement scheme, Is there any format for the same? Page 10	Format will be provided at the time of enrollment.

6	Medi Assist					6. Bank guarantee of Rs 50 lakh, is it to be submitted along with the tender or after winning it? Page 10	After winning the tender. At the time of signing of agreement
7	Medi Assist					7. In page 11 Set up of server, is it to be deployed in Himachal Pradesh, or can we have it at our HO	The SA can set up server at its HQ
8	Medi Assist					8. Page 14/17: regarding IEC and BCC, not specified the amount or percentage to be spent	There should be adequate IEC and BCC. %age not required.
9	Medi Assist					9. Page 15 : District Office : are we supposed to have separate office apart from district kiosk in each district?	The District KIOSK can be established as office.
10	Medi Assist					10. Page 23: Bid Submission : to get clarity on online submission or Offline (because the tender refers to Digital sign and also talks on submission of Original documents).	Offline

11	Medi Assist					11. Whether The manpower and other utilities which will be used for this prestigious Himachal Pradesh Universal Heath Protection Scheme (HPUHPS) are exclusive or the existing agencies working in RSBY and Mukhiya Mantri Bima Yojana can be used.	The Support Agency has to provide the dedicated manpower & set up for HP Universal Health Protection Scheme as per discussions held during the pre-bid meeting held on 14.06.2017
12	Medi Assist					12. Share the enrolment data and claims data of both the existing running schemes for better understating and financials.	483643 families are enrolled under RSBY and utilization rate is 8-10%. Under MMSHCS 1.03 lakh families are enrolled and utilization rate is 5%.
13	Medi Assist					13. whether we need to prepare any Utility in enrolment software.	Yes for capturing the demographic details of beneficiaries
14	Medi Assist					14. what will be the date and time of financial Bid Opening is any change.	The financial bids will be opened on same day i.e. 24.06.2017 at 6.00PM