

TENDER DOCUMENT

Implementation of

“Rashtriya Swasthya Bima Yojana”

In the State of Himachal Pradesh



Government of Himachal Pradesh

**Department of Health and Family Welfare,
Shimla**

Issued / Released on 13th September, 2013

**GOVERNMENT OF HIMACHAL PRADESH
DEPARTMENT OF HEALTH AND FAMILY WELFARE**

TENDER NOTICE

RASHTRIYA SWASTHYA BIMA YOJANA

(A scheme to provide health insurance coverage to unorganized sector workers)

Competitive Quotations are invited from **Insurance Companies** (Licensed with Insurance Regulatory and Development Authority) to carry on the general insurance/health insurance for implementation of Rashtriya Swasthya Bima Yojana (RSBY) for approved category of families in 12 **Districts namely** Bilaspur, Chamba, Hamirpur, Kangra, Kinnaur, Kullu, Lahul & Spiti, Mandi, Shimla, Solan, Sirmour & Una.

The tender document for this may be downloaded from the website <http://hphealth.nic.in> & <http://nrhmp.gov.in>. The **Tender document can also be obtained in person from the 13th September 2013 from the below mentioned address on any working day between 10.00 A.M to 4.00 P.M.**

The technical and financial bid should be sealed by the bidder in a cover duly super-scribed and is to be put in a bigger cover which should also be sealed and duly super-scribed.

The existing Insurance Company working in Himachal Pradesh will be given first right to match lowest quotes for both the packages in case it is not the lowest bidder.

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

Last date of collection of bid document:	26.09.2013
Last date for submission of queries:	27.09.2013
Last date for submission of bid:	09.10.2013 (1600hrs)
Opening of technical bids:	10.10.2013 (1100hrs)
Opening of financial bids:	10.10.2013 (1200hrs)

The completed technical Bid documents should be submitted before 09.10.2013 at 04.00 PM, at the following address:-

Chief Executive Officer,
HP Swasthya Bima Yojna Society,
Thakur Villa, Opposite Jal Bhawan,
Kasumpti, Shimla-171009
Phone: 0177-2629840
Fax: 0177-2629802
Email: ceorsbyhp@gmail.com

All correspondence / communications on the scheme should be made at the above address.

TENDER DOCUMENT
GOVERNMENT OF HIMACHAL PRADESH

RASHTRIYA SWASTHYA BIMA YOJANA

A number of studies have revealed that risk owing to low level of health security is endemic for workers, especially those in unorganized sector. The vulnerability of these workers increases when they have to pay out of pocket for their medical care with no subsidy or support. On the one hand, such a worker does not have the financial resources to bear the cost of medical treatment, on the other; the public owned health infrastructure leaves a lot to be desired. Large number of persons borrows money or sells assets to pay for treatment in hospitals. Thus, Health Insurance can be a way of overcoming financial handicaps, improving access to quality medical care and providing financial protection against high medical expenses. The "Rashtriya Swasthya Bima Yojana" announced by the Central Government attempts to address such issues.

Government of Himachal Pradesh is inviting bids for the 12 districts namely Bilaspur, Chamba, Hamirpur, Kangra, Kinnaur, Kullu, Lahul & Spiti, Mandi, Shimla, Solan, Sirmour & Una district from Insurance Companies registered by IRDA for implementation of RSBY.

For effective operation of the scheme, partnership is envisaged between the Insurance Company, public and the private sector hospitals and the State agencies. State Government/Nodal Agency will assist the Insurance Company in networking with the Government/Private hospitals, fixing of treatment protocol and costs, treatment authorization, so that the cost of administering the scheme is kept at the lowest, while making full use of the resources available in the Government/Private health systems. Public hospitals, including ESI hospitals and such private hospitals fulfilling minimum qualifications in terms of availability of inpatient medical beds, laboratory, equipments, operation theatres, smart card reader etc. and a track record in the treatment of the diseases can be enlisted for providing treatment to the identified families under the scheme.

Only such companies as are in agreement with scheme and its clauses, only need to participate in the bidding. Any disagreement in this regard is liable for disqualification/rejection of bid at technical level. Hence all the companies are expected to go through the scheme carefully and submit their acceptance in specific format given in the bid document.

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GLOSSARY

The words and expressions that are capitalized and defined in these Tender Documents shall, unless the context otherwise requires, have the meaning ascribed herein. Any term not defined in the Tender Documents shall have the meanings ascribed to it in the Main Contract.

Addendum or Addenda	means an addendum or addenda (document issued in continuation or as modification or as clarification to certain points in the main document) to the Tender Documents issued in accordance with Clause 4.3. The bidders would need to consider the main document as well as any addenda issues subsequently for responding with a bid.
Affiliate	in relation to a Bidder, means a person that, directly or indirectly, through one or more intermediaries: (i) Controls; (ii) is Controlled by; or (iii) is under the common Control with, such Bidder.
Beneficiary Database	means the database providing details of families and their members that are eligible for RSBY, Such database will be prepared by or on behalf of the State Nodal Agency, validated by the GoI and thereafter uploaded on the RSBY website: <i>www.rsby.gov.in</i> .
Beneficiary Family Unit	means each family unit of up to 5 members.
Beneficiaries	means the members of Beneficiary Family Units that are eligible to be enrolled by the Insurer in RSBY.
Bid	means each proposal submitted by a Bidder, including a Technical Bid and a Financial Bid, to be eligible for and to be awarded the Contract; and Bids shall mean, collectively, the Bids submitted by the Bidders.
Bid Due Date	means the last date for submission of the Bids as specified in the Tender Notice, and as may be amended from time to time.
Bidder	means a person that submits a Bid in accordance with the Tender Documents; and the term Bidders

shall be construed accordingly.

Bidding Process	means the bidding process that is being followed by the State Nodal Agency for the award of the Contract, the terms of which are set out in these Tender Documents.
CHC	means a community health centre in the State.
Call Centre Service	means the toll-free telephone services to be provided by the Insurer for the guidance and benefit of the Beneficiaries
Cashless Access Service	means the service provided by the hospitals on behalf of the Insurer to the Beneficiaries covered under RSBY for the provision of health care facilities without any cash payment by the beneficiary.
Contract	means a contract to be entered into by the State Nodal Agency and the Insurer for the provision of health insurance cover to the Beneficiaries under the RSBY.
Cover	in relation to a Beneficiary Family Unit resident in a district, means the total risk cover of RSBY that will be provided by the Insurer to such Beneficiary Family Unit under the Contract and the Policy for that district.
DGLW	means the Directorate General of Labour Welfare under the Ministry of Labour and Employment, Government of India.
District Key Manager or DKM	in relation to a district, means a government official appointed by the State Nodal Agency to administer and monitor the implementation of the RSBY in that district and to carry out such functions and duties as are set out in the Tender Documents.
District Kiosk	in relation to each district, means the office established by the Insurer at that district to provide post-issuance services to the Beneficiaries and to Empanelled Health Care Providers in that district, in accordance with Section 17.

Insurance Server	in relation to a district, means the server that the Insurer shall set up to: set up and configure the Beneficiary Database for use at enrolment stations; collate enrolment data including fingerprints; collate transaction data; collate data related to modifications undertaken at the district kiosk; submit periodic reports to the State Nodal Agency and/or to MoLE; and perform such other functions set out in this tender.
Eligible Bidder	means a Bidder that is found to be eligible and to satisfy the Qualification Criteria and whose Technical Bid is found to be substantially responsive to the Tender Documents, and which will therefore be eligible to have its Financial Bid opened.
Empanelled Health Care Provider	means a hospital, a nursing home, a CHC, a PHC or any other health care provider, whether public or private, satisfying the minimum criteria for empanelment and that is empanelled by the Insurer, in accordance with Section 7.
Enrolment Kit	means the equipments, meeting the requirements provided in this tender, required for registration, card issuance and verification that must be carried by an enrolment team for carrying out enrolment of the Beneficiaries under RSBY.
Enrolment Conversion Rate	in relation to a district, means the total number of Beneficiary Family Units enrolled and issued Smart Cards as compared with the total number of Beneficiary Family Units listed in the Beneficiary Database, determined in percentage terms.
Field Key Officer or FKO	means a field level Government officer or other person appointed by the State Nodal Agency to identify and verify the Beneficiary Family Units at the time of enrolment based on the Beneficiary Database and to carry out such other functions and duties.
Financial Bid	means a financial proposal submitted by the Bidder setting out the Premium quoted by the Bidder.

GoI	means the Government of India.
IEC and BCC	Information, Education and Communication (IEC) and Behavioral Change Communication (BCC) are the activities which are related to making the information about the scheme available to the beneficiaries.
Insurer	means the Bidder that is selected as the Successful Bidder and that enters into the Contract with the State Nodal Agency.
IRDA	means the Insurance Regulatory and Development Authority.
MoLE	means the Ministry of Labour & Employment, Government of India.
Notification of Award or NOA	means the notification of award that will be issued by the State Nodal Agency to the Successful Bidder after the proposal is accepted by the MoLE.
OPD	means out-patient department.
PHC	means a Primary Health Centre in the State.
Package Rates	means the fixed maximum charge per medical or surgical treatment, procedure or intervention or day care treatment that will be covered by the Insurer.
Policy	in respect of each district in the State, means the policy issued by the Insurer to the State Nodal Agency describing the terms and conditions of providing risk cover to the Beneficiaries that are enrolled in that district, including the details of the scope and extent of cover available to the Beneficiaries, the exclusions from the scope of the risk cover available to the Beneficiaries, the Policy Cover Period of such policy and the terms and conditions of the issue of such policy.
Premium	means the premium to be paid by the State Nodal Agency to the Insurer in accordance with Section 9.

Project Office	means office set by the selected Insurance Company in the State.
Qualification Criteria	means the minimum qualification criteria that the Bidder is required to satisfy in order to qualify for evaluation of its Financial Bid.
RSBY	means the Rashtriya Swasthya Bima Yojana, a scheme instituted by the GoI for the provision of health insurance services by an insurer to the RSBY Beneficiary Family Units within defined districts of a State.
RSBY Beneficiary Family Units	means a Beneficiary Family Unit that is eligible to receive the benefits under the RSBY, i.e. those Beneficiary Family Units that fall within any of the following categories: below poverty line (BPL) households listed in the BPL list published for the State; MNREGA households; and households of unorganized workers (i.e., domestic workers, beedi workers, building and other construction workers and street vendors) and any other category of households notified by the MoLE as being eligible for benefits under the RSBY.
Rupees or ₹	means Indian Rupees, the lawful currency of the Republic of India.
Section	means a section of Part I of the Tender Documents.
Services Agreement	means the agreement to be executed between the Insurer and an Empanelled Health Care Provider, for utilization of the Cover by the Beneficiaries on a cashless basis.
Service Area	means the State and districts for which this tender is applicable.
Smart Card	means the electronic identification card issued by the Insurer to the Beneficiary Family Unit, for utilization of the Cover available to such Beneficiary Family Unit on a cashless basis meeting the specifications as defined in Annexure 4.
Smart Card Service	means the intermediary that meets the criteria set

Provider	out in this tender and that is appointed by the Insurer for providing services that are mentioned in this tender. For purposes of RSBY this organization must be accredited by Quality Council of India (QCI) as per norms set by RSBY
State Nodal Agency	means the Nodal Institution set up by the respective State Government for the purpose of implementing and monitoring the RSBY.
Successful Bidder	means the Eligible Bidder that has been selected by the State Nodal Agency for the award of the Contract.
Technical Bid	means a technical proposal to be submitted by each Bidder to demonstrate that: (i) the Bidder meets the Qualification Criteria; and (ii) the Bidder is eligible to submit a Bid under the terms set out in Part II of the Tender Documents.
Tender Documents	means these tender document issued by the State Nodal Agency for appointment of the Insurer and award of the Contract to implement the RSBY. This would include the Addendum, annexures, clarifications, Minutes of Meeting or any other documents issued along with or subsequent to the issue of the tender and specifically mentioned to be part of the tender.
Tender Notice	shall mean the notice inviting tenders for the implementation of the RSBY.
Third Party Administrator or TPA	means any organization that: is licensed by the IRDA as a third party administrator, meets the criteria set out at Appendix 16 and that is engaged by the Insurer, for a fee or remuneration, for providing Policy and claims facilitation services to the Beneficiaries as well as to the Insurer upon a claim being made.

PART I- INFORMATION TO THE BIDDER

1. NAME

The name of the scheme shall be “RASHTRIYA SWASTHYA BIMA YOJANA” (RSBY).

2. OBJECTIVE

To improve access of identified families to quality medical care for treatment of diseases involving hospitalization through an identified network of health care providers.

3. BENEFICIARIES

The scheme is intended to benefit Below Poverty Line (BPL) population and all other identified categories of beneficiaries in the following districts. Therefore, tenders are invited to cover an estimated number of 5,69,054 families of the State. District wise profile of the identified families is given below:

Name of the District	BPL Families	Other Category of Families	Weavers and Artisans Families	No. of Block	No of GP	No. of CH Cs	No of Hospital (Zonal, Regional , Referral & Civil)
Bilaspur	18399	6287	109	3	151	6	2
Chamba	47573	27280	43	7	283	7	4
Hamirpur	20429	8951	25	6	229	5	2
Kangra	65517	57483	1717	15	760	14	8
Kinnaur	2824	4121	1257	3	65	4	1
Kullu	11737	17997	9050	5	204	5	3
Lahaul & Spiti	2400	1719	0	2	41	3	1
Mandi	43413	67792	2020	10	473	12	6
Shimla	35030	18068	279	10	363	7	10
Sirmour	15212	22326	0	6	228	3	5
Solan	18615	13484	42	5	211	5	4
Una	17142	10713	0	5	235	5	2
Total	298291	256221	14542	77	3243	76	48

NOTE: In addition to the estimated number of beneficiaries as given above, the Central/ State Government may add more Beneficiaries to the scheme. The

Same terms and conditions including Premium shall be applicable to additional beneficiary families.

4. ENROLMENT UNIT AND ITS DEFINITION

4.1 Unit of Enrolment

The unit of enrolment for RSBY is family.

4.2 Size of Family

The size of the enrolled family unit can be up to a unit of five for availing benefit under RSBY.

4.3 Definition of Family

- a. A family would comprise the Head of the family, spouse, and up to three dependents.
- b. If the spouse of the head of the family is listed in the Beneficiary Database, the spouse shall mandatorily be part of the Beneficiary Family Unit.
- c. If the head of the family is absent at the time of enrolment, the spouse shall become the head of the family for the purpose of the RSBY.
- d. The head of the family shall nominate up to but not more than 3 dependants as part of the Beneficiary Family Unit, from the dependants that are listed as part of the family in the Beneficiary Database.
- e. If the spouse is dead or is not listed in the Beneficiary Database, the head of the family may nominate a fourth member as a dependant as part of the Beneficiary Family Unit.

5. BENEFITS

5.1 Benefit Package

The Benefits within this scheme, to be provided on a cashless basis to the Beneficiaries up to the limit of their annual coverage, package charges on specific procedures and subject to other terms and conditions outlined herein, are the following:

- a. Coverage for meeting expenses of hospitalization for medical and/or surgical procedures **including Ayurveda treatment, maternity benefit and new born care**, to the enrolled families for up to ₹ 30,000/- per family per year subject to limits, in any of the empanelled health care providers across India. The benefit to the family will be on floater basis, i.e., the total reimbursement of ₹ 30,000/- can be availed individually or collectively by members of the family per year.

- b. Pre-existing conditions/diseases are to be covered from the first day of the start of policy, subject to the exclusions given in **Appendix 1**.
- c. Coverage of health services related to surgical nature for defined procedures shall also be provided on a day care basis. The Insurance Company shall provide coverage for the defined day care treatments/procedures as given in **Appendix 2**.
- d. Provision for transport allowance of ₹ 100 per hospitalisation subject to an annual ceiling of ₹ 1000 shall be a part of the package. This will be provided by the hospital to the beneficiary at the time of discharge in cash.
- e. Pre and post hospitalization costs up to 1 day prior to hospitalization and up to 5 days from the date of discharge from the hospital shall be part of the package rates.
- f. **Screening and Follow up care as separate day care packages. This is separate from Pre and post hospitalisation coverage as mentioned in Section 5.1 (e) above.**
- g. **Only for Weavers and Artisans Families Outpatient benefits of Rs. 7,500 per family per year, in addition to Rs. 30,000 inpatient benefits, will be covered also and details of those benefits are given in Section 13.**
- h. Maternity and Newborn Child will be covered as indicated below:
 - i. It shall include treatment taken in hospital/nursing home arising out of childbirth, including normal delivery/ caesarean section and/or miscarriage or abortion induced by accident or other medical emergency subject to exclusions given in **Appendix 1**.
 - ii. Newborn child shall be automatically covered from birth upto the expiry of the policy for that year for all the expenses incurred in taking treatment at the hospital as in-patient. This benefit shall be a part of basic sum insured and new born will be considered as a part of insured family member till the expiry of the policy subject to exclusions given in **Appendix 1**.
 - iii. The coverage shall be from day one of the inception of the policy. However, normal hospitalisation period *for both mother and child* should not be less than 48 hours *post delivery*.

Note:

- i. For the ongoing policy period until its renewal, new born will be provided all benefits under RSBY and will NOT be counted as a separate member even if five members of the family are already enrolled.

- ii. Verification for the newborn can be done by any of the existing family members who are enrolled in RSBY through the same smart card as that of the mother.

5.2 Package Rate

The Insurer's liability for any medical or surgical treatment, procedure or intervention or listed day care procedure under the benefits package shall be no more than the Package Rates for that medical or surgical treatment, procedure or intervention or listed day care procedure that is set out in **Appendix 3**. If hospitalization is due to a medical condition, a flat per day rate will be paid depending on whether the Beneficiary is admitted in the General Ward or the Intensive Care Unit (ICU).

These package rates (in case of surgical procedures or interventions or day care procedures) or flat per day rate (in case of medical treatments) will include:

- a. Registration Charges
- b. Bed charges (General Ward),
- c. Nursing and Boarding charges,
- d. Surgeons, Anaesthetists, Medical Practitioner, Consultants fees etc.
- e. Anaesthesia, Blood, Oxygen, O.T. Charges, Cost of Surgical Appliances etc,
- f. Medicines and Drugs,
- g. Cost of Prosthetic Devices, implants,
- h. X-Ray and other Diagnostic Tests etc,
- i. Food to patient
- j. Expenses incurred for consultation, diagnostic test and medicines up to 1 day before the admission of the patient and cost of diagnostic test and medicine up to 5 days of the discharge from the hospital for the same ailment / surgery
- k. Transportation Charge of Rs. 100/- (payable to the beneficiary at the time of discharge in cash by the hospital)
- l. Any other expenses related to the treatment of the patient in the hospital.

The package rates can be amended by State Nodal Agency before the issuance of bid or renewal of contract as the case may be. However, if this is done during the currency of the policy period then it shall only be done with the mutual consent of the Insurer and State Nodal Agency. However, package rate changes shall be implemented only after prior intimation to MoLE.

Provided that the Beneficiary has sufficient insurance cover remaining at the time of seeking treatment, surgical or medical procedure or intervention or day care procedure for which package rates have been decided, claims by the Empanelled Health Care Provider will not be subject to pre-authorization process by the Insurer. The list of common procedures and

package charges is set out in **Appendix 3** to this tender, and will also be incorporated as an integral part of service agreements between the Insurer and its empanelled providers.

6. ELIGIBLE HEALTH CARE PROVIDERS

Both public (including Employee State Insurance Hospitals) and private healthcare providers which provide hospitalization and/or daycare services would be eligible for empanelment under RSBY, subject to such requirements for empanelment as outlined in this tender document.

7. EMPANELMENT OF HEALTH CARE PROVIDERS

The Insurer shall ensure that the enrolled beneficiaries under the scheme are provided with the option of choosing from a list of empanelled Providers for the purposes of seeking treatment.

Health Care Providers having adequate facilities and offering services as stipulated in the guidelines will be empanelled after being inspected by qualified technical team of the Insurance Company or their representatives in consultation with the District Nodal Officer, RSBY and approved by the District Administration/ State Government/ State Nodal Agency.

If it is found that there are insufficient health care providers in a district or that the facilities and services provided by health care providers in a district are inadequate, then the State Nodal Agency can reduce the minimum empanelment criteria specified in this Section 7 on a case-by-case basis.

The criteria for empanelment of hospital are provided as follows:

7.1 Criteria for Empanelment of Public Health Care Providers

All Government hospitals as decided by the State Government (including Community Health Centers) and Employee State Insurance Scheme hospitals shall be empanelled provided they possess the following minimum facilities

- a. Telephone/Fax,
- b. The complete transaction enabling infrastructure as has been defined in **Appendix 4**
- c. An operational pharmacy and diagnostic test services, or should be able to link with the same in close vicinity so as to provide 'cashless' service to the patient.
- d. Maintaining of necessary records as required and providing necessary records of the RSBY patients to the Insurer or his representative/ Government/Nodal Agency as and when required.
- e. A Bank account which is operated by the health care provider through Rogi Kalyan Samiti or equivalent body.

7.2 Criteria for Empanelment of Private Health Care Providers

The criteria for empanelling private hospitals and health facilities would be as follows:

- a. At least 10 functioning inpatient beds or as determined by State Nodal Agency. The facility should have an operational pharmacy and diagnostic test services, or should be able to link with the same in close vicinity so as to provide 'cash less' service to the patient.
- b. Those facilities undertaking surgical operations should have a fully equipped Operating Theatre of their own.
- c. Fully qualified doctors and nursing staff under its employment round the clock.
- d. Maintaining of necessary records as required and providing necessary records of the insured patient to the Insurer or his representative/ Government/Nodal Agency as and when required.
- e. Registration with Income Tax Department.
- f. Telephone/Fax.

The complete transaction-enabling infrastructure, required to be procured by the private hospitals to be considered as empanelled and enabled for raising claims on Insurance Company, has been defined in **Appendix 4**

7.3 IT Infrastructure needed for Empanelment in RSBY

- a. Both public and private health care providers which fulfil the criteria for empanelment and are selected for empanelment in RSBY by the Insurance Company or their representatives will need to put in place such infrastructure and install such hardware and software as given in **Appendix 4**.
- b. The Insurer shall be responsible for providing and installing the entire IT infrastructure (i.e., hardware and software) for each public Empanelled Health Care Provider in a district before commencement of enrolment in that district.
- c. Each private Empanelled Health Care Provider will be responsible for providing and installing the entire IT infrastructure (i.e., hardware and software) before commencement of enrolment in the district where such Empanelled Health Care Provider is located.
- d. It is the responsibility of the hospitals to ensure that the system is running at all times and to inform the concerned SCSP which has installed the system, in case there are in problems related to it's proper use as required.

7.4 Additional Benefits to be provided by Health Care Providers

In addition to the benefits mentioned above, both Public and Private Providers should provide Free Registration and free OPD consultation to the RSBY enrolled beneficiaries.

7.5 Additional Responsibilities of the Health Care Providers

In addition to providing cashless treatment, the healthcare provider shall:

- a. Display clearly their status of being an empanelled provider of Rashtriya Swasthya Bima Yojana in the prescribed format given by State Nodal Agency outside/ at their main gate.
- b. Provide a functional help desk for giving necessary assistance to the RSBY beneficiaries. At least two persons in the hospital will be nominated by the hospital who will be trained in different aspects of RSBY and related hardware and software by the Insurance Company.
- c. Display a poster near the reception/admission desks along with the other materials supplied by the Insurer for the ease of beneficiaries, Government and Insurer. The template of Empanelled status and poster for reception area will be provided by the State Nodal Agency.
- d. Make claims on the Insurer electronically, by swiping the Smart Card presented by the Beneficiaries at the time of registration, admission (blocking) and discharge. The Insurer shall discourage the Empanelled Health Care Providers from making manual claims.
- e. Send hospitalisation data of RSBY patients electronically on a daily basis to the designated server.
- f. Maintain such records and documentation as are required for the Insurer to pre-authorise treatments and process claims.
- g. Cooperate with the Insurer and the State Nodal Agency and provide access to the Insurer and State Nodal Agency to all facilities, records and information for the conduct of audits or any other performance evaluations of the performance by the Empanelled Health Care Provider.
- h. Comply with the provisions of all applicable laws, statutes, rules and regulations, as amended from time to time.

7.6 Process for Empanelment of Hospitals

The Insurance Company shall make sure that adequate number of both public and private health care providers shall be empanelled in each district. The Insurer shall also make efforts that the empanelled providers are spread across different blocks of the district.

Insurance Company will undertake following activities for the empanelment of hospitals:

- a. Receive list of Public and Private hospitals in a district from District administration which can be empanelled in RSBY.
- b. Organise a district workshop in the district for sensitization of public and private hospitals after completion of tendering process but before the commencement of enrolment in the district.
- c. Based on the list of hospitals provided, willingness of the health care providers to be empanelled in RSBY and any suspension/ de-empanelment status of the health care provider the Insurance Company will prepare and submit a final list of public and private hospitals which will be empanelled in a district to the District administration along with a copy to State Nodal Agency.
- d. Enter into the Services Agreements with the public and private health care providers which have agreed to be empanelled in a district, prior to commencement of enrolment for such district.
- e. Make sure that the necessary software and hardware are installed in the hospital before the commencement of the policy.
- f. Apply for Master Hospital Card by filling up the details of the hospitals in the designated area of www.rsby.gov.in
- g. Provide Master Hospital Card to the hospital after receiving it from the District Key Manager in the district before the commencement of the policy.
- h. Ensure activation and working of the machines at each empanelled Hospital before the commencement and during the Policy Period
- i. Ensure the training of the Hospital personnel during the Hospital Workshop and individually as well, along with the refresher training as and when needed

7.7 Agreement with Empanelled Hospital

The Insurance Company will sign agreements with empanelled Health Care Providers, to provide Benefits under RSBY. Draft Template for Agreement between Insurer and Hospital has been provided in **Appendix 5**.

If the Insurer wishes to modify the draft Services Agreement or amend the Services Agreement entered into with an Empanelled Health Care Provider, the Insurer shall obtain the prior written approval from the State Nodal Agency for such modifications or amendments.

7.8 Delisting of Hospitals

An empanelled hospital would be de-listed from the RSBY network if, it is found that guidelines of the Scheme are not followed by them and services offered are not satisfactory as per laid down standards. The Insurance Company will follow the Guidelines for de-empanelment for hospitals as given in **Appendix 6**.

A hospital once de-empanelled, in accordance with the procedures laid down in **Appendix 6**, from the scheme shall not be empanelled again **during that policy period**.

7.9 List of Empanelled Health Care Providers to be submitted

The Insurer should provide list of empanelled health providers in each district before the commencement of the enrolment in that district with the following details to the State Government/ Nodal Agency:

- a. A list of empanelled health care providers, within the State, and in neighbouring districts of the State, that have agreed to be a part of RSBY network, in the format given in **Appendix 7**.
- b. For the health care providers which will be empanelled after the commencement of the enrolment process in the district, the Insurer will need to submit this information every month to the State Government/ Nodal Agency. Insurer will also need to ensure that details of these hospitals are conveyed to the beneficiaries through an appropriate IEC from time to time.

Insurer will also need to ensure that details of all Empanelled Health Care Providers are conveyed to the Beneficiaries of the RSBY at regular intervals and an updated copy of such list is kept at the District Kiosks and Panchayat office at all times.

8. SERVICES BEYOND SERVICE AREA

- a. The Insurer undertakes that it will, within one month of signing of agreement with State Government, empanel health Providers beyond the territory of the districts covered by this tender for the purposes of providing benefits under RSBY to Beneficiaries covered by this tender. Such providers shall be subject to the same empanelment process and eligibility criteria as provided within the territory of aforementioned districts, as outlined in Section 7 of this tender.
- b. If the hospitals in the neighboring districts are already empanelled under RSBY, then insurer shall provide a list of those hospitals to the State Government/ Nodal Agency.
- c. To ensure true portability of smart card so that the beneficiary can get seamless access to RSBY empanelled hospitals anywhere across India, the Insurer shall enter into arrangement with ALL other Insurance companies which are working in RSBY for allowing sharing of network hospitals, transfer of claim & transaction data arising in areas beyond the service area.

- d. The Inter insurance company claims, whether within the State or between the State, will also be handled in the same way and time frame by the Insurance Companies as defined in this document.

9. DISTRICT KEY MANGER AND FIELD KEY OFFICER

The District Key Manager (DKM) is a key person in RSBY responsible for executing very critical functions for the implementation of RSBY at the district level. The DKM is appointed by State Government/ Nodal Agency within 7 days of signing agreement with the Insurance Company. DKM is provided a security card through which FKO cards are issued. The roles and functions of DKM has been provided in **Appendix 10**.

The Field Key Officer (FKO) is a field level Government officer, or any other functionary nominated by DKM, who is responsible for verifying the identity of the beneficiary head of the household. The FKO does this process through his/ her fingerprint and smart card provided for this purpose by the Government called Master Issuance Card (MIC). The roles and functions of FKO have been provided in **Appendix 10**.

10. PAYMENT OF PREMIUM AND REGISTRATION FEE

State Government/ Nodal Agency will, on behalf of the identified beneficiaries, make the payment of the State share of the premium to the Insurance Company based on the enrolment of the identified beneficiaries and delivery of smart cards to them. The Central Government, on receipt of this information, and enrolment data from the State Government/ Nodal Agency in the prescribed format, shall release its share of premium to the State Government/ Nodal Agency which in turn will release this amount to the Insurance Company.

Payment of registration fee and premium instalment will be as follows:

- a. The Insurer or its representative(s) shall collect the registration fee of ₹ 30 from each RSBY Beneficiary Family Unit, at the time of enrolment and on delivery of the Smart Card. The registration fee collected by the Insurer shall be deemed to be the first instalment of the Premium.
- b. The Second Instalment shall be paid by the State Nodal Agency to the Insurance Company whereby Insurer will raise the bill for Premium in the first week of the succeeding month in which enrolment occurs, in relation to enrolments completed in the previous month. Along with its invoice, the Insurer shall provide the complete enrolment data (including personal data, i.e. photograph, biometric print images) to the State Nodal Agency in electronic form.

The State Nodal Agency shall pay the second instalment of the Premium within 15 days of receipt of the invoice from the Insurer, subject to verification of the enrolment data submitted by the Insurer against the data

downloaded from the Field Key Officer (FKO) cards on the District Key Manager (DKM) server.

For the districts where RSBY implementation is in progress, the formula for State share is as follows:

The instalment will be in the nature of (25% of X)-30.
(X being the premium amount per family).

(Note: In place of 25%, for North Eastern States and J&K, 10% will be used in the above formula)

- c. **Third installment** shall be paid by the State Nodal Agency on the receipt of the share of the Central Government.

For the districts where RSBY implementation is in progress, the formula for Central share of installment will be as per the following formula:

(75% of X)

Subject to a maximum of Rs. 565/- provided by the Central Government)

(Note: In place of 75%, for North Eastern States and J&K, 90% will be used in the above formula)

Central Government shall release this amount to State Nodal Agency within 21 days of receiving the request from it in the prescribed format.

This amount shall be paid by the State Nodal Agency within 7 working days of receipt of the amount from Central Government

{Any additional amount of premium beyond the one determined for Central Government as per the aforementioned formula shall be borne by the State Government.}

Note:

- i. The Insurer / Insurance Company needs to enter the details of the premium bill raised on the web portal of www.rsby.gov.in. As soon as the Insurance Company makes an entry about the claim raised, a **Premium Claim Reference (PCR) Number will be generated by the system** and this should be mentioned on the Bill submitted to State Nodal Agency.
- ii. It will be the responsibility of the State Government/ Nodal Agency to ensure that the premium to the Insurance Company is paid according to the schedule mentioned above to ensure adherence to compliance of Section 64 VB of the Insurance Act 1938.

- iii. Premium payment to the Insurance Company will be based on Reconciliation of invoice raised by Insurer and enrolment data downloaded from Field Key Officers' (FKOs) Card at district level DKM server.
- iv. It will be the responsibility of the State Nodal Agency to collect the data downloaded from FKO cards from each of the district.
- v. Insurance Company shall NOT contact District Key Manager (DKM) regarding this data to get any type of certificate.
- vi. The Insurance Company will need to submit on a weekly basis digitally signed Enrollment data generated by the enrollment software at DKM server.

11. PERIOD OF CONTRACT AND INSURANCE

11.1 Term of the Contract

The Contract between the State Nodal Agency and the Insurer shall become effective on the date of signing and shall continue to be valid and in full force and effect until expiration of the Policy Cover Period of the last Policy issued by the Insurer, including any renewal of such Policy, under the Contract or until early termination, whichever is earlier.

However, the cumulative term of the Contract shall not exceed three Insurance policy years, from the date of beginning of Insurance policy in the first year, excluding the period before the insurance policy begins. The decision regarding extending the contract of the Insurance Company on an yearly basis will be taken by the State Nodal Agency as per the parameters provided in **Appendix 8**.

Even after the end of the contract period, the Insurance Company needs to ensure that the server, SCSP and TPA services are available till the reconciliation with and settlement of claims of the hospitals empanelment of the districts.

11.2 Issuance of Policy

- a. The terms and conditions set out in the Policy issued by Insurer to the State Nodal Agency shall: (i) clearly state the Policy number (which shall be included as a field on the Smart Card issued to each Beneficiary Family Unit); (ii) clearly state the Policy Cover Period under such Policy, that is determined in accordance with Section 11.3; and (iii) contain terms and conditions that do not deviate from the terms and conditions of insurance set out in the Contract(s).
- b. Notwithstanding any delay by the Insurer in issuing a Policy in accordance with Section 11.2(a), the Policy Cover Period for each

district shall commence on the date determined in accordance with Section 11.3.

- c. In the event of any discrepancy, ambiguity or contradiction between the terms and conditions set out in the Contract(s) and in the Policies issued for a district, the Contract(s) provisions shall prevail.

The commencement of policy period may be determined for each District separately depending upon the commencement of the issue of smart cards in that particular District.

11.3 Commencement of policy in districts

The State Nodal Agency shall have the right, but not an obligation, to require the Insurer to renew the Policy Cover Period under Policies issued in respect of any district, by paying pro rata Premium for the renewal period. The benefits set out in Section 5.1(a) shall be available upon such renewal. Upon such renewal of the Policy Cover Period, the Insurer shall promptly undertake to inform the enrolled Beneficiary Family Units of such renewal and also provide such information to the District Kiosk of the relevant district.

- A. In the cases of districts where policy is starting for the first time:
 - a. The Policy Cover Period under the RSBY for a district shall commence from the first day of the month succeeding the month in which the first Smart Card is issued in that district. Therefore, the risk cover for the first Beneficiary Family Unit to be issued a Smart Card in such district shall be for the entire Policy Cover Period.
 - b. The risk cover for each Beneficiary Family Unit issued a Smart Card in a district after the issuance of the first Smart Card in that district will commence on the later to occur of: (i) the date of issuance of the Smart Card to such Beneficiary Family Unit; and (ii) the date of commencement of the Policy Cover Period for such district. Provided, however that, each Beneficiary Family Unit shall have a minimum of 9 months of risk cover. Therefore, enrolments in a district shall cease 4 months from start of Smart Card issuance in that district.
 - c. Notwithstanding the date of enrolment and issuance of the Smart Cards to the Beneficiary Family Units in a district, the end date of the risk cover for all the Beneficiary Family Units in that district shall be the same. For the avoidance of doubt, the Policy Cover Period shall expire on the same date for ALL Beneficiary Family Units that are issued Smart Cards in a district.

Illustrative Example.

If the first Smart Card in a district is issued anytime during the month of October 2013, the Policy Cover Period for that district shall commence from 1st January, 2014. The Policy Cover Period shall continue for a period of 12 months, i.e., 31st December 2014 unless the State Nodal Agency has exercised its right to renew the Policy Cover Period in accordance with Section 11.3(b). If the State Nodal Agency exercises its right to renew the Policy Cover Period, the Policy shall expire not later than the period of such renewal.

However, in the same example, if a Smart Card is subsequently issued in the month of October, 2013 to January, 2014 in the same district, then the risk cover for such Beneficiary Family Unit will commence immediately, but will terminate on 31st December 2014.

Thus, all Smart Cards issued in the district will be entitled to a risk cover under the Base Cover Policy and the Additional Cover Policy for that district. The Policy Cover Period under the Base Cover Policy and the Additional Cover Policy for that district shall commence on 1st January, 2014 and expire on 31st December, 2014. The risk cover available to a Beneficiary Family Unit enrolled in that district shall be determined based on the date of enrolment of such Beneficiary Family Unit, as follows:

Enrolment in New districts			
	Smart card issued During	Commencement of Insurance	Policy End Date
1	October, 2013	1 st January, 2014	31 st December, 2014
2	November, 2013	1 st January, 2014	31 st December, 2014
3	December, 2013	1 st January, 2014	31 st December, 2014
4	January, 2014	January, 2014	31 st December, 2014

- B.** In cases of districts where policy is going on and renewal process needs to be followed:
- a. The Policy Cover Period under the Base Cover Policy for a district shall commence from the first day of the month succeeding the month in which the policy is expiring in the district.
 - b. Each Beneficiary Family Unit shall have 12 months of risk cover. Therefore, enrolments in a district shall start four month before the end of the policy period and will cease 4 months from start of Smart Card renewal/ issuance in that district.

- c. Notwithstanding the date of enrolment and issuance of the Smart Cards to the Beneficiary Family Units in a district, the end date of the risk cover for all the Beneficiary Family Units in that district shall be the same. For the avoidance of doubt, the Policy Cover Period shall expire on the same date for ALL Beneficiary Family Units that are issued Smart Cards in a district.

Illustrative Example.

If the policy in a district is getting over on 31st December, 2013 then the new policy shall start from 1st January, 2014 and Smart Card renewal/issuance in that district shall start in the month of October, 2013. The Policy Cover Period for that district shall commence from 1st January, 2014. The Policy Cover Period shall continue for a period of 12 months, i.e., 31st December, 2014, unless the State Nodal Agency has exercised its right to renew the Policy Cover Period in accordance with Section 11.3(b). If the State Nodal Agency exercises its right to renew the Policy Cover Period, the Policy shall expire not later than the period of such renewal.

However, in the same example, if a Smart Card is subsequently issued in the month of October to December 2013 in the same district, then the risk cover for such Beneficiary Family Unit will still commence from 01st January, 2014, and will terminate on 31st December 2014

Thus, all Smart Cards issued in the district will be entitled to a risk cover under the Base Cover Policy and the Additional Cover Policy for that district. The Policy Cover Period under the Base Cover Policy and the Additional Cover Policy for that district shall commence on 1st August, 2013 and expire on 31st July, 2014. The risk cover available to a Beneficiary Family Unit enrolled in that district shall be determined based on the date of enrolment of such Beneficiary Family Unit, as follows:

Enrolment in districts			
	Smart card issued During	Commencement of Insurance	Policy End Date
1.	October, 2013	1 st January, 2014	31 st December, 2014
2.	November, 2013	1 st January, 2014	31 st December, 2014
3.	December, 2013	1 st January, 2014	31 st December, 2014

The insurance company will have a maximum of Four Months to complete the entire enrolment process in new set of districts and for renewal districts only three months' time will be given.

The salient points regarding commencement & end of the policy are:

- Policy end date shall be the same for ALL smart cards in a district

- Policy end date shall be calculated as completion of one year from the date of Policy start for the 1st card in a district
- In case of new districts, minimum 9 months of policy cover shall be provided to the beneficiary families.
- In case of renewal districts Minimum 12 months of service needs to be provided to a family hence enrollments in a district shall cease 3 months from beginning of card issuance.
- For certain categories of beneficiaries as defined by MoLE the policy period may be even less than Nine months and premium could be given for those categories on a pro-rata basis.

Note: For the enrolment purpose, the month in which first set of cards is issued would be treated as full month irrespective of the date on which cards are issued

12. ENROLMENT OF BENEFICIARIES

The enrolment of the beneficiaries will be undertaken by the Insurance Company. The Insurer shall enrol the identified beneficiary families based on the validated data downloaded from the RSBY website and issue Smart card as per RSBY Guidelines.

Further, the enrolment process shall continue as per schedule agreed by the State Government/Nodal Agency. Insurer in consultation with the State Government/Nodal Agency and District administration shall chalk out the enrolment/renewal cycle up to village level by identifying enrolment stations in a manner that representative of Insurer, State Government/Nodal Agency and smart card vendor can complete the task in scheduled time.

While preparing the roster for enrolment stations, the Insurer must take into account the following factors:

- Number of Enrolment Kits that will need to be deployed simultaneously.
- Location of the enrolment stations within the village or urban area.
- Location of the enrolment station for various other categories

However, the Insurer shall not commence enrolment in a district, unless the health care providers are empanelled, district kiosk is functional and call centre is operational.

The process of enrolment/renewal shall be as under:

- a. The Insurer or its representative will download the beneficiaries' data for the selected districts from the RSBY website www.rsby.gov.in.
- b. The Insurer or its representative will arrange for the 64kb smart cards as per the Guidelines provided in **Appendix 4**. The Insurer shall not renew any old 32kb RSBY smart cards issued to the Beneficiary Family Units. Only Certified Enrolment Software by MoLE shall be used for issuance of smart card.

- c. The Insurer will commit and place sufficient number of enrolment kits and trained personnel for enrolment in a particular district based on the population of the district so as to ensure enrolment of all the target families in the district within the time period provided. The details about the number of enrolment kits along with the manpower requirement have been provided in **Appendix 9**. It will be the responsibility of the Insurance Company to ensure that enrolment kits are in working condition and manpower as per **Appendix 9** is provided from the 1st day of the commencement of enrolment in the district.
- d. The Insurer shall be responsible for choosing the location of the enrolment stations within each village/urban area that is easily accessible to a maximum number of Beneficiary Family Units.
- e. An enrolment schedule shall be worked out by the Insurer, in consultation with the State Government/Nodal Agency and district/block administration, for each village in the project districts.
- f. It will be responsibility of State Government/Nodal Agency to ensure availability of sufficient number of Field level Government officers/ other designated functionaries who will be called Field Key Officers (FKO) to accompany the enrolment teams as per agreed schedule for verification of identified beneficiaries at the time of enrolment.
- g. Insurer will organise training sessions for the enrolment teams (including the FKOs) so that they are trained in the enrolment process.
- h. The Insurer shall conduct awareness campaigns and publicity of the visit of 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. List of identified beneficiary families should be posted prominently in the village/ward by the Insurer.
- j. Insurer will place a banner in the local language at the enrolment station providing information about the enrolment and details of the scheme etc.
- k. The enrolment team shall visit each enrolment station on the pre-scheduled dates for enrolment/renewal and/or issuance of smart card.
- l. The enrolment team will collect the photograph and fingerprint data on the spot of each member of beneficiary family which is getting enrolled in the scheme.
- m. At the time of enrolment/renewal, FKO shall:
 - i. Identify the head of the family in the presence of the insurance representative
 - ii. Authenticate them through his/her own smart card and fingerprint.
 - iii. Ensure that re-verification process is done after card is personalised.
- n. The beneficiary will re-verify the smart card by providing his/her fingerprint so as to ensure that the Smart card is in working condition
- o. It is mandatory for the enrolment team to handover the activated smart card to the beneficiary at the time of enrolment itself.
- p. At the time of handing over the smart card, the Insurer shall collect the registration fee of Rs.30/- from the beneficiary. This amount shall constitute

- the first instalment of the premium and will be adjusted against the second instalment of the premium to be paid to the Insurer by the State Nodal Agency.
- q. The Insurer's representative shall also provide a booklet in the prescribed format along with Smart Card to the beneficiary indicating at least the following:
 - i. Details about the RSBY benefits
 - ii. Process of taking the benefits under RSBY
 - iii. Start and end date of the insurance policy
 - iv. List of the empanelled network hospitals along with address and contact details
 - v. Location and address of district kiosk and its functions
 - vi. The names and details of the key contact person/persons in the district
 - vii. Toll-free number of call centre of the Insurer
 - viii. Process for filing complaint in case of any grievance
 - r. To prevent damage to the smart card, a good quality plastic jacket should be provided to keep the smart card.
 - s. The beneficiary shall also be informed about the date on which the card will become operational (month) and the date on which the policy will end.
 - t. The beneficiaries shall be entitled for cashless treatment in designated hospitals on presentation of the Smart Card after the start of the policy period.
 - u. The FKO should carry the data collection form to fill in the details of people protesting against exclusion from the Beneficiary Database. This set of forms should be deposited back at the DKMA office along with the FKO card at the end of the enrolment camp.
 - v. The Insurer shall provide the enrolment data to the State Nodal Agency and MoLE regularly. The Insurer shall send daily reports and periodic data to both the State Nodal Agency and MoLE as per guidelines prescribed.
 - w. The biometric data (including photographs & fingerprints) shall thereafter be provided to the State Nodal Agency in the prescribed format with the invoice submitted by the Insurer to the State Nodal Agency. As per the guidelines given by MoLE.
 - x. The digitally signed data generated by the enrolment software shall be provided by the Insurance Company or its representative to DKM on a weekly basis.

13. TERMS AND CONDITIONS FOR OUTPATIENT BENEFITS FOR WEAVERS AND ARTISANS FAMILIES

Outpatient Benefits will be provided ONLY to the Weavers and Artisans workers and their families. These benefits henceforth will be named as RSBY Outpatient. The terms and conditions for RSBY Outpatient are as follows:

The Benefits within this scheme, to be provided on a cashless basis to the beneficiaries up to the limit of their annual amount and subject to other terms and conditions outlined herein, are the following:

13.1 Benefits:

- a. **Cover for Out Patient Care:** The scheme shall provide an additional coverage of up to **Rs. 7,500 per family per year for Outpatient visits** for meeting expenses of outpatient care.
- b. **This Rs. 7,500 will be in addition to Rs. 30,000 cover of inpatient care.**
- c. **There will not be any sublimits for Outpatient benefits.**
- d. **Follow-up visits:** Each visit will allow beneficiaries to access the outpatient clinic for a period of 7 consecutive days, should there be a need for follow up.
- e. For every **Valid Outpatient visit to a General Physician who is empanelled a payment of defined package rate will be paid** by the Insurance Company.
- f. The package rates for Outpatient care are provided in **Appendix 3A**.
- g. The package rate for Outpatient care will cover the following benefits for the beneficiary:
 - i. Consultation fees,
 - ii. Cost of drugs prescribed
 - iii. Basic Diagnostic tests

13.2 Eligible Health Services Providers for RSBY Outpatient:

All the providers already empanelled for providing inpatient services under RSBY will be automatically empanelled for Outpatient benefits.

In addition to this, both public and private health providers which provide outpatient services would be eligible for inclusion under the insurance scheme, subject to such requirements for empanelment as agreed between the State Government/ Nodal Agency and Insurers.

13.3 Empanelment of Hospitals for RSBY Outpatient:

Those hospitals having adequate facilities and offering the services as stipulated in the guidelines will be empanelled after being inspected by qualified technical team and approved by the State Government/ Nodal Agency. The Insurer will carry out the process of empanelment. The criteria for empanelment of hospital are provided as follows:

- a. **Criteria for Empanelment of Public Providers**
 - i. All Government owned Primary Healthcare Centres (PHCs), can be empanelled provided they possess the following minimum facilities
 - Internet connectivity
 - A Personal Computer with 2 smart card reader and finger print verification device
 - or a standalone machine having all the above functionalities matching the specifications given in **Annexure 4**
 - Telephone,
 - ii. The facility should have an operational pharmacy (facility to provide medicines) and diagnostic services, or should be able to link with the

same in close vicinity so as to provide 'cash less' service to the patient. The diagnostic service should include testing of blood, stool, and related common tests as defined by the SNA and Insurance Company.

b. Criteria for Empanelment of Private Providers

The criteria for empanelling private hospitals and health facilities as a General Physician would be as follows:

- i. The facility must be managed by at least a registered medical practitioner, whose degree has been recognized with any national board of medical sciences or equivalent body.
- ii. The doctor will be allowed to prescribe drugs only related to his qualification. For example a doctor of AYUSH will not be eligible to prescribe Allopathic medicines and vice versa.
- iii. The clinics shall have the facility to dispense drugs at the clinic level itself. If in case the clinic does not have such a facility then it is the doctor's responsibility to have an understanding with pharmacies to carry to the required function so as to provide 'cash less' service to the patient.
- iv. The payment for the drugs and dry diagnostics will be done by the doctor. The doctor in turn will be paid the fixed cost per visit by the Insurance Company.
- v. The diagnostic service should include dry diagnostic tests as defined in Annexure __. Additional Tests can be added in the list by SNA and Insurance Company.
- vi. Maintaining of necessary records as required and providing necessary records of the insured patient to the Insurer or his representative/Government/Nodal Agency as and when required.
- vii. Registration with Income Tax Department.
- viii. Telephone/Fax, Internet connectivity. Each hospital/health service provider shall possess a Personal Computer with 2 smart card readers and a fingerprint verification machine or a standalone machine matching the specifications given in Appendix 4.

c. Services by the Empanelled Provider:

The insurer is expected to provide package rates with a limit of Rs. 7,500 per family per year to the OPD provider. This rate should be formalized through an Agreement between the insurer and the empanelled provider in consultation with State/Nodal agency. These package rates should include:

- a. Consultation fees.
- b. Cost of Medicines as defined.
- c. Providing for discounted diagnostic tests

Each visit will allow beneficiaries to access the outpatient clinic for a period of 7 consecutive days, should there be a need for follow up.

d. Assistance from the State Government for Empanelment:

The Government will on their part render all possible assistance viz.

- i. To give all necessary support for organizing sensitization programmes for the PHCs.
- ii. To extend necessary support in providing Computer and Internet connection at PHCs.

e. Agreement with Network Hospital

The Insurer will be responsible for carrying out an empanelment process of health Providers to provide the agreed Benefits under the RSBY Outpatient scheme. This shall require service agreements between the Insurer and empanelled Providers, or networks thereof, to provide Benefits under RSBY Outpatient. A provision will be made in the Agreement of non-compliance/default clause while signing the same. The providers will be paid as per the pre-defined rate for each visit. These per visit rates will be same for both public and private providers.

f. Delisting of Hospitals

Network Hospital would be de-listed from the RSBY network if, it is found that guidelines of the Scheme are not followed by them and services offered are not satisfactory as per laid down standards.

g. List of Empanelled Health Facilities to be Submitted at the time of Signing of Contract:

The Insurance Company will provide a brief summary of the empanelled hospitals in the prescribed format before signing of the contract. For the health care providers which will be empanelled after signing of the contract, the Insurer will need to submit this information related to empanelment at periodic intervals of 1 month, 3 months and 6 months of agreement with the State Government/ Nodal Agency, to the State Government / Nodal Agency. However, this information shall be immediately disseminated to the beneficiaries through appropriate communication channels.

13.4 Payment of Premium:

The payment of premium for Additional benefits will be separately given to the insurer. The payment for this will be provided to the insurer on a monthly basis based on the numbers of cards issued for RSBY.

13.5 Process for Providing Cashless Service under RSBY Outpatient:

The Smart Card issued under RSBY scheme will be used for identification and verification purposes of the beneficiaries. In addition to this, like for Inpatient, the smart card will also store amount for Outpatient benefits. For providing services after identification of beneficiaries, doctor will treat the patient and enter data regarding patient in the software provided. This information will be

sent to the Insurance Company on a daily basis. Doctor will also provide medicine to the patient free of cost.

13.6 Period of Insurance:

The period of insurance will be same as provided in section 11 of this document.

13.7 Enrolment of Beneficiaries:

Any beneficiary from Weavers and Artisans Categories ONLY who has been provided RSBY card is eligible for these additional benefits. There will be not any separate process for enrolment for providing the additional benefits. However, the Insurer needs to develop a mechanism by which the beneficiary will be continuously informed about his usage with respect to these additional benefits.

13.8 Specific Tasks of Insurance Company for Outpatient Benefits:

The Insurance Company will be required to do following functions for the purpose of providing the outpatient benefits:

- a. Identify eligible providers for empanelment to provide Outpatient benefits.
- b. Empanel the providers for Outpatient benefits. Provide GIS mapped data on the district map with details of each provider in specified format to the State Nodal Agency.
- c. Provide a separate leaflet to the beneficiary detailing the Outpatient benefits and list of empanelled providers.
- d. Train the empanelled providers in utilisation of software and hardware for Outpatient benefits. Every doctor/ health care provider shall be trained at least two times a year.
- e. Provide support to the empanelled provided in setting up of hardware necessary including fingerprint and smart card readers.
- f. Provide the transaction software free of cost to all the empanelled providers and arrange for training of the doctors or health care providers.
- g. Provide report on the empanelment process of the doctors for the Outpatient benefits to the State Nodal Agency within 30 days of end of empanelment process.
- h. Create a web based data sharing platform for sharing data of Outpatient benefits on a real-time basis with the State Government/ State Nodal Agency and Central Government.

14. CASHLESS ACCESS SERVICE

The Insurer has to ensure that all the Beneficiaries are provided with adequate facilities so that they do not have to pay any deposits at the commencement of the treatment or at the end of treatment to the extent as the Services are covered under the Rashtriya Swasthya Bima Yojana. This service provided by the Insurer along with subject to responsibilities of the Insurer as detailed in this clause is collectively referred to as the “**Cashless Access Service.**”

Each empanelled hospital/health service provider shall install the requisite machines and software to authenticate and validate the smart card, the beneficiary and the insurance cover. The services have to be provided to the beneficiary based on Smart card & fingerprint authentication only with the minimum of delay for pre authorization (if necessary). Reimbursement to the hospitals should be based on the electronic transaction data received from hospitals on a daily basis. The detailed process and steps for Cashless Access Service has been provided in **Appendix 11**.

15. REPUDIATION OF CLAIM

In case of any claim being found untenable, the insurer shall communicate reasons in writing to the Designated Authority of the District/State/Nodal Agency and the Health provider for this purpose within ONE MONTH of receiving the claim electronically. A final decision regarding rejection, even if the claim is getting investigated, shall be taken within ONE MONTH. Rejection letters needs to carry the details of the claim summary, rejection reason and details of the Grievance Redressal Committee. Such claims shall be reviewed by the Central/ State/ District Committee on monthly basis. Details of every claim which is pending beyond ONE MONTH will need to be sent to District/SNA along with the reason of delay.

16. DELIVERY OF SERVICES BY INTERMEDIARIES

The Insurer may enter into service agreement(s) with one or more intermediary institutions for the purposes of ensuring effective implementation and outreach to Beneficiaries and to facilitate usage by Beneficiaries of Benefits covered under this tender. The Insurer will compensate such intermediaries for their services at an appropriate rate.

These Intermediaries can be hired for two types of purposes which are given as follows:

16.1 *Third Party Administrators, Smart Card Service Providers or Similar Agencies*

The role of these agencies may include among others the following:

- a. To manage and operate the Enrolment process
- b. To manage and operate the empanelment and de-empanelment process
- c. To manage and operate the District Kiosk
- d. To provide, install and maintain the smart card related infrastructure at the public hospitals. They would also be responsible for training all empanelled hospitals on the RSBY policy as well as usage of the system.
- e. To manage and operate the Toll Free Call Centre
- f. To manage and operate the claim settlement process
- g. Field Audit at enrolment stations and hospitals

- h. Provide IEC and BCC activities, especially for Enrolment.

16.2 Non-Government Organisations (NGOs) or other similar Agencies

The role of intermediaries would include among others the following:

- a. Undertaking on a rolling basis campaigns in villages to increase awareness of the RSBY scheme and its key features.
- b. Mobilizing BPL and other non-BPL (if applicable) households in participating districts for enrolment in the scheme and facilitating their enrolment and subsequent re-enrolment as the case may be.
- c. In collaboration with government officials, ensuring that lists of participating households are publicly available and displayed.
- d. Providing guidance to the beneficiary households wishing to avail of Benefits covered under the scheme and facilitating their access to such services as needed.
- e. Providing publicity in their catchment areas on basic performance indicators of the scheme.
- f. Providing assistance for the grievance redressal mechanism developed by the insurance company.
- g. Providing any other service as may be mutually agreed between the insurer and the intermediary agency.

Note: State Nodal Agency may also enter into arrangements with Non-Government organisations for organising awareness activities and collecting feedback post-enrolment.

17. PROJECT OFFICE AND DISTRICT OFFICE

Insurer shall establish a separate Project Office at convenient place for coordination with the State Government/Nodal agency at the State Capital on a regular basis.

Excluding the support staff and people for other duties, the Insurer within its organisation will have at least the following personnel exclusively for RSBY and details of these persons will be provided to the State Nodal Agency at the time of signing of MoU between Insurer and SNA:

- a. **One State Coordinator** – Responsible for implementation of the scheme in the State
- b. **At least One District coordinator for each of the participating districts**– Responsible for implementation of the scheme in the district. This person should be working full time for RSBY.

In addition to these persons, Insurer will have necessary staff in their own/ representative Organisation, State and District offices to perform at least following functions:

- c. To operate a 24 hour **call center** with toll free help line in local language and English for purposes of handling queries related to benefits and operations of the scheme, including information on Providers and on individual account balances.
- d. **Managing District Kiosk** for post issuance modifications to smart card as explained in **Appendix 4** or providing any other services related to this scheme as defined by SNA.
- e. **Management Information System** functions, which includes collecting, collating and reporting data, on a real-time basis.
- f. **Generating reports**, in predefined format, at periodic intervals, as decided between Insurer, MoLE and State Government/Nodal Agency.
- g. **Information Technology related functions** which will include, among other things, collating and sharing data related to enrolment and claims settlement.
- h. **Pre-Authorization function** for the interventions which are not included in the package rates as per the timelines approved by MoLE.
- i. **Paperless Claims settlement** for the hospitals with electronic clearing facility within One Month of receiving the claims from the hospitals.
- j. **Publicity** for the scheme so that all the relevant information related to RSBY reaches beneficiaries, hospitals etc.
- k. **Grievance Redressal Function** as explained below in the tender.
- l. **Hospital Empanelment** of both public and private providers based on empanelment criteria. Along with criteria mentioned in this Tender, separate criteria may jointly be developed by State Government/ Nodal Agency and the Insurance Company.
- m. **Feedback functions** which include designing feedback formats, collecting data based on those formats from different stakeholders like beneficiaries, hospitals etc., analyzing feedback data and suggest appropriate actions.
- n. Coordinate with district level Offices in each selected district.
- o. Coordinate with State Nodal Agency and State Government.

The Insurer shall set-up a district office in each of the project districts of the State. The district office will coordinate activities at the district level. The district offices in the selected districts will perform the above functions at the district level.

18. MANAGEMENT INFORMATION SYSTEMS (MIS) SERVICE

The Insurer will provide real time access to the Enrolment and Hospitalisation data as received by it to the State Nodal Agency. This should be done through a web based system.

In addition to this, the Insurer shall provide Management Information System reports whereby reports regarding enrolment, health-service usage patterns, claims data, customer grievances and such other information regarding the delivery of benefits as required by the Government. The reports will be submitted by the Insurer to the Government on a regular basis as agreed between the Parties in the prescribed format.

All data generated under the scheme shall be the property of the Government.

19. DISTRICT KIOSK

District kiosk is a designated office at the district level which provides post issuance services to the beneficiaries and hospitals. The Insurer shall set-up and operate facility of the **District Kiosk**. District Kiosk will have a data management desk for post issuance modifications to the smart cards issued to the beneficiaries as described in **Appendix 4**. The role and function of the district kiosk has been provided in **Appendix 12**.

Note:

- i. All the IT hardware for district kiosk will be provided by the Insurance Company but the ownership of these will be of the State Nodal Agency.
- ii. Insurer will provide trained personnel for the district kiosk for the time period they are operating in the district.
- iii. At the end of their contract in the district Insurer will withdraw the personnel but the IT infrastructure and the Data therein will be used by the next Insurance Company in that district.
- iv. State Nodal Agency will provide a place for district kiosk for which they will charge no rent from the Insurance Company.

20. CALL CENTER SERVICES

The Insurer shall provide toll free telephone services for the guidance and benefit of the beneficiaries whereby the Insured Persons shall receive guidance about various issues by dialing a State Toll free number. This service provided by the Insurer is referred to as the "Call Centre Service".

The Insurer will tie up with other Insurance Company in the State to have a common Call Centre. The cost of establishment and running of this call centre for the entire policy period will be shared among the Insurance Companies based on the number of beneficiary families to be enrolled by each Insurance Company.

The insurance company with highest no. of districts allotted under the scheme will initiate the process and take lead throughout the policy period.

a. Call Centre Information

The Insurer shall operate a call centre for the benefit of all Insured Persons. The Call Centre shall function for 24 hours a day, 7 days a week and round the year. The cost of operating of the number shall be borne solely by the Insurer. As a part of the Call Centre Service the Insurer shall provide all the necessary information about RSBY to any person who calls for this purpose. The call centre shall have access to all the relevant information of RSBY in the State so that it can provide answer satisfactorily.

b. **Language**

The Insurer undertakes to provide services to the Insured Persons in English and local languages.

c. **Toll Free Number**

The Insurer will operate a state toll free number with a facility of a minimum of 5 lines and provision for answering the queries in local language.

d. **Insurer to inform Beneficiaries**

The Insurer will intimate the state toll free number to all beneficiaries along with addresses and other telephone numbers of the Insurer's Project Office.

21. PROCUREMENT, INSTALLATION AND MAINTENANCE OF SMART CARD RELATED HARDWARE AND SOFTWARE IN EMPANELLED HOSPITALS

21.1 Public Hospitals

It will be the responsibility of the Insurer to procure and install Smart card related devices in the empanelled public hospitals of the State.

The details about the hardware and software which need to be installed at the empanelled Hospitals of the State have been provided in **Appendix 13**.

The list of Public hospitals where these need to be installed have been provided in **Appendix 14**.

The Cost of Procurement, Installation and Maintenance of these devices in the public hospitals mentioned in Appendix 14 will be the responsibility of the Insurance Company.

The Ownership of these devices will be of the State Government.

The details of provisions regarding Annual Maintenance Costs are as follows:

- i. The Insurer shall provide annual maintenance or enter into annual maintenance contracts for the maintenance of the IT infrastructure provided and installed at the premises of the public Empanelled Health Service Providers.
- ii. If any of the hardware devices or systems or any of the software fails at the premises of a public Empanelled Health Care Provider, the Insurer shall be responsible for either repairing or replacing such hardware or software with 72 hours and in an expeditious manner

after the public Empanelled Health Care Provider sends the Smart Card of the admitted Beneficiary to the District Kiosk for uploading a transaction, due to such failure.

21.2 Private Hospitals

It will be the responsibility of the empanelled private hospital to procure and install Smart card related devices in the hospital. **The cost of procurement installation and maintenance of these devices will be the responsibility of the private empanelled hospital.**

Each private Empanelled Health Care Provider shall enter into an annual maintenance contract for the maintenance of the IT infrastructure installed by it. If any of the hardware devices or systems or any of the software installed at its premises fails, then it shall be responsible for either repairing or replacing such hardware or software within 72 hours and in an expeditious manner after becoming aware of such failure or malfunctioning. The private Empanelled Health Care Provider shall bear all costs for the maintenance, repair or replacement of the IT infrastructure installed in its premises.

The responsibility of insurance company here is to assist the Hospitals in the procurement, and installation of the hardware and software on time.

Note:

In case of districts where scheme is being renewed, Insurance Company will ensure that the hospitals are not asked to spend any amount on the software or hardware due to compatibility issues. It will be the responsibility of the Insurance Company to provide the RSBY transaction software free of cost to the hospital if there is any compatibility issue.

22. GRIEVANCE REDRESSAL

There shall be following set of Grievance Committees to attend to the grievances of various stakeholders at different levels:

22.1 District Grievance Redressal Committee (DGRC)

This will be constituted by the State Nodal Agency in each district within 15 days of signing of MoU with the Insurance Company. The District Grievance Redressal Committee will comprise of at least the following members:

- a. District Magistrate or an officer of the rank of Addl. District Magistrate or Chief Medical Officer: Chairman
- b. District Key Manager/ District Grievance Nodal Officer: Convenor
- c. Representative of the Insurance Company Member

District administration may co-opt more members for this purpose.

22.2 State Grievance Redressal Committee (SGRC)

This will be constituted by the State Nodal Agency within 15 days of signing of MoU with the Central Government. The State Grievance Redressal Committee will comprise of at least the following members:

- a. State Principal Secretary/Secretary of Department handling RSBY: Chairman
- b. State Nodal Officer for RSBY/ State Grievance Nodal Officer for RSBY: Convenor
- c. State Representative of the Insurance Company: Member (if more than one Insurance Companies are active in the State, then one insurance company may be selected for a fixed period on a rotation basis)

State Govt./Nodal Agency may co-opt more members for this purpose.

22.3 National Grievance Redressal Committee (NGRC)

This has been formed by the Ministry of Labour and Employment at National level. The National Grievance Redressal Committee comprise of:

- a. Deputy Director General, GoI/ Director in the DGLW/ Person identified by DGLW: Chairperson
- b. Director/ Under Secretary, Ministry of Labour & Employment, GoI: Convenor
- c. National Nodal Officer of the an Insurance Company: Member (on a rotation basis)

If any stakeholder has a grievance against another one during the subsistence of the policy period or thereafter, in connection with the validity, interpretation, implementation or alleged breach of any provision of the scheme, it will be settled in the following way:

A. Grievance of a Beneficiary

If a beneficiary has a grievance on issues relating to enrolment or hospitalization against the FKO, Insurance Company, hospital or their representatives, beneficiary will approach DGRC. The DGRC should take a decision within 30 days of receiving the complaint.

If either of the parties is not satisfied with the decision, they can Appeal to the SGRC within 30 days of the decision of DGRC. The SGRC shall decide the appeal within 30 days of receiving the Appeal. The decision of the SGRC on such issues will be final.

Grievance against DKM or other District Authorities - If the beneficiary has a grievance against the District Key Manager (DKM) or an agency of the State Government, it approach the SGRC for resolution. The SGRC shall decide the matter within 30 days of the receipt of the grievance.

In case of dissatisfaction with the decision of the SGRC, the affected party can file an appeal before NGRC within 30 days of the decision of the SGRC and NGRC will decide the appeal within 30 days of the receipt of appeal after seeking a report from the other party. The decision of the NGRC shall be final.

B. Grievance of a Hospital

If a hospital has any grievance with respect to Beneficiary, Insurance Company or their representatives, the Hospital will approach the DGRC. The DGRC should be able to reach a decision within 30 days of receiving the complaint.

If either of the parties is not satisfied with the decision, they can go to the SGRC which shall take a decision within 15 days of receipt of Appeal. The decision of the Committee shall be final.

Grievance against DKM or other District Authorities - If the hospital has a grievance against the District Key Manager (DKM) or an agency of the State Government, it approach the SGRC for resolution. The SGRC shall decide the matter within 30 days of the receipt of the grievance.

In case of dissatisfaction with the decision of the SGRC, the affected party can file an appeal before NGRC within 30 days of the decision of the SGRC and NGRC will decide the appeal within 30 days of the receipt of appeal after seeking a report from the other party. The decision of the NGRC shall be final.

C. Grievance of an Insurance Company

Grievance Against FKO – If an insurance company has any grievance with respect to Beneficiary, or Field Key Officer (FKO), it will approach the DGRC. The DGRC should take a decision within 30 days of receiving the complaint.

If either of the parties is not satisfied with the decision, they can Appeal to the SGRC within 30 days of the decision of the DGRC. The SGRC shall decide the appeal within 30 days of receiving the Appeal. The decision of the SGRC on such issues will be final.

Grievance against DKM or other District Authorities – If Insurance Company, has a grievance against District Key Manager or an agency of the State Government, it can approach the SGRC for resolution. The SGRC shall decide the matter within 30 days of the receipt of the grievance.

In case of dissatisfaction with the decision of the SGRC, the affected party can file an appeal before NGRC within 30 days of the decion of the SGRC and NGRC

will decide the appeal within 30 days of the receipt of appeal after seeking a report from the other party. The decision of NGRC shall be final.

D. Grievance against State Nodal Agency/ State Government

Any stakeholder aggrieved with the action or the decision of the State Nodal Agency/State Government can address his/ her grievance to the NGRC which shall take a decision on the issue within 30 days of the receipt of the grievance. An appeal against this decision within 30 days of the decision of the NGRC can be filed before Director General Labour Welfare (DGLW), Ministry of Labour & Employment, Government of India who shall take a decision within 30 days of the receipt of the Appeal. The decision of DGLW shall be final.

Note:

There would be a fixed date, once a month, for addressing these grievances in their respective Committees (DGRC/SGRC/NGRC). This would enable all grievances to be heard within the set time frame of 30 days.

23. PENALTY CLAUSE AND TERMINATION

a. Failure to abide with the terms will attract penalty related but not limited to the following:

- Failure in following the guidelines specified in **Appendix 4**.
- Claim Servicing
- Grievance Redressal

b. In case of termination of the contract following process will be followed:

- i. The Policy Cover Period of each of the Policies issued by the Insurer shall terminate on the expiry of the termination notice period, unless the State Nodal Agency has issued a written request to the Insurer before that date to continue providing Cover under the Policies issued by it. The Insurer shall, upon the written request of the State Nodal Agency, continue to provide the Cover under the Policies until such time that the State Nodal Agency appoints a substitute insurer and the cover provided by the substitute insurer commences. The last date of effectiveness of the Policies shall be the **Termination Date**.
- ii. The Insurer will pay back to the Nodal Agency within one week the unutilized amount of premium after settlement
- iii. The Insurer will pay the total package amount for all the cases for which amount has already been blocked before returning the premium.
- iv. Notwithstanding the termination of the Contract(s), the Insurer shall continue to discharge all of its liabilities in respect of all claims made and any amounts that have been blocked on the Smart Cards on or prior to the Termination Date.

- v. Upon termination of the Contract(s) and receipt of a written request from the State Nodal Agency at least 7 days prior to the Termination Date, the Insurer shall assign its rights and obligations, other than any accrued payment obligations and liabilities, under its Services Agreements with the Empanelled Health Care Providers and its agreements with other intermediaries in favour of the State Nodal Agency or the substitute insurer appointed by the State Nodal Agency.

24. STANDARDIZATION OF FORMATS

The Insurance Company shall use the standardized formats for cashless transactions, discharge summary, billing pattern and other reports in consultation with the State Government/Nodal Agency.

25. IEC AND BCC INTERVENTIONS

Insurance Company in consultation with State Nodal Agency will prepare and implement a communication strategy for launching/implementing the RSBY. The objective of these interventions will be to inform the beneficiaries regarding enrolment and benefits of the scheme.

Insurer need to share a draft IEC and BCC plan with the Nodal Agency within 15 days of signing of the contract. The cost of IEC and BCC activities will be borne by the Insurer.

26. CAPACITY BUILDING INTERVENTIONS

The Insurance Company shall design training/ workshop / orientation programme for Empanelled Health Care Providers, Members of the Hospital Management Societies, District Programme Managers, Doctors, Gram Panchyat members, Intermediary, Field Agents etc. and implement the same with support of Nodal Agency/ other agencies. The training packages shall be jointly developed by the Nodal Agency and the Insurance Company.

At least following training shall be implemented by the Insurance Company:

- **Enrollment Team Training** – To be done for each enrollment team during the enrollment period
- **Hospital Training and Workshop– One workshop before commencement of the policy in the district. In addition to that, at least once a year another workshop or all the empanelled hospital in each district separately for Public and Private providers**
- **State and District Officers of the Insurance Company** – At least once a year for these officers for each of the district

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

27. AUDIT MECHANISM:

27.1 *Medical Audit*

- a. The Insurance Company shall carry out regular inspection of hospitals, periodic medical audits, to ensure proper care and counseling for the patient at network hospitals by coordinating with hospital authorities.
- b. Specifically, the Insurer shall conduct a periodic medical audit of a specified sample of cases, including random verification of hospital admissions and claims. The medical audit should compulsorily be done by a qualified medical doctor who is a part of the Insurer's or the TPA's organization or who is duly authorized by the Insurer or the TPA to undertake such medical audit.

27.2 *Beneficiary Audit*

For Beneficiaries who have been discharged, the Insurer on a random basis must visit the Beneficiary's residence to confirm the admission and treatment taken from the Empanelled Health Care Provider alongwith experience with the health care provider.

The format for conducting medical audit and the composition of team shall be shared by the Insurer at the time of signing of agreement.

28. COMMITMENTS OF STATE GOVERNMENT

State Government/ Nodal Agency commits to provide the following for successful implementation of the scheme:

- a. Prepare identified beneficiary database in the specified format and send to Government of India for internal consistency check so that it can be uploaded on the website for the insurer to download. The State Nodal Agency will provide the verified Beneficiary data to the Insurer at least 15 days prior to the agreed date for commencement of enrolment.
- b. Appoint District Key Managers (DKM) as mentioned in **Appendix 10** before signing of the agreement with the Insurer.
- c. Providing DKMA Server including Smart card readers and fingerprint scanners at District Headquarter within 15 days of signing of the agreement with the Insurer. Install DKMA software for issue of FKO cards and for downloading of data subsequently from FKO cards.
- d. Identify the FKOs in required numbers for enrolment. The role of the FKOs has been specified in **Appendix 10**. The State Nodal Agency shall ensure that the FKOs are trained on the enrolment process and sensitized about the importance of their presence at the time of enrolment and their availability at the time of enrolment. Further, the district level administration of the State Nodal Agency through DKM shall have the following obligations in relation to enrolment:

- i. Monitor the participation of FKO in the enrolment process by ensuring their presence at the enrolment station.
 - ii. Obtain FKO undertaking from each enrolment station.
 - iii. Provide support to the Insurer in the enrolment in the form of helping them in coordinating with different stakeholders at district, block and panchayat/ municipality/ category level.
- e. Providing assistance to the insurer through district administration and DKM in the preparation of Panchayat/ Municipality/ Corporation- wise village wise enrolment schedule and with respective owners for each category of beneficiaries.
- f. Providing assistance to the insurer in empanelment of the public and private providers
- g. Providing premium payment to the Insurer as per defined conditions.
- h. The State Nodal Agency shall have the following obligations in relation to monitoring and control of the implementation of the RSBY
 - i. Organise periodic review meetings with the Insurer to review the implementation of the RSBY.
 - ii. Set up the State Server to store the enrolment and hospitalization data from all the districts meeting the minimum requirements specified at **Appendix 12**.
 - iii. Work with the technical team of the Insurer to study and analyse the data for improving the implementation of the RSBY.
 - iv. Conduct periodic evaluation of performance of the RSBY.
 - v. Maintain data regarding issuance of FKO cards through the DKM in the specified format.
 - vi. Review the performance of the Insurer through periodic review meetings. In the initial period of the implementation of the RSBY, this should be done on weekly basis.
 - vii. Run the District Grievance Redressal Cell and the State Grievance Redressal Cell.
 - viii. Conduct claims audits and process audits.
 - ix. Seek and obtain feedback from Beneficiary Family Units and other stakeholders, including designing feedback formats, collecting data based on those formats from different stakeholders like Beneficiaries, Empanelled Health Care Providers etc., analyzing feedback data and suggest appropriate actions.
- i. Provide rent free space in each of the district for setting up of District Kiosk to the Insurance Company.
- j. The State Nodal Agency shall ensure that its district level administrations undertake the following activities:
 - i. Obtain enrolment data downloaded from FKO cards to the DKMA Server and then reissue the FKO cards to new FKOs after formatting it and personalising it again.
 - ii. Monitor the enrolment data at DKMA server (as downloaded from FKO cards) and compare it with data provided by the Insurer to determine the Premium to be paid.
 - iii. Organize health camps for building awareness about RSBY and increase the hospitalization in the district.

- iv. Communicate with the State Nodal Agency & MoLE in case of any problems related to DKMA software, cards or implementation issues etc.

29. SERVICE ARRANGEMENTS BY THE INSURANCE COMPANY

In case the Insurance Company plans to outsource some of the functions necessary for the implementation of the scheme it needs to give an undertaking that it will outsource only to such agencies as fulfil the prescribed criteria.

Insurance Company shall hire only a TPA as per the criteria defined in **Appendix 16**.

Insurance Company or their representative can ONLY hire a Smart Card Service Provider which has been accredited by Quality Council of India for RSBY.

30. COMMITMENTS OF INSURANCE COMPANY

Among other things insurer shall provide following which are necessary for successful implementation of the scheme:

- a. Enter into agreement with other insurance companies working in RSBY regarding usability of the same Smart card across India at any of the networked hospital. This will ensure that beneficiary can use his/ her smart card across India to get treatment in any of the empanelled health care providers.
- b. Ensuring that hospitals adhere to the points mentioned in section 7.5 regarding signages and help desk in the hospital.
- c. Send data related to enrolment, hospitalization and other aspects of the scheme to the Central and State Government at periodic intervals, the frequency of these may be decided later.
- d. Sharing of inter insurance claims in prescribed format through web based interface within defined timelines. Thereafter settling of such inter insurance claims within prescribed timelines.
- e. Collecting beneficiary feedbacks and sharing those with State Government/Nodal Agency.
- f. In the districts where scheme is being renewed for the second year or subsequent years thereafter, it will be the responsibility of the Insurance Company, selected for the second year or subsequent years as the case may be, to ensure that the hospitals already empanelled under the scheme do not have to undertake any expenditure for the transaction software. The concerned insurance company will also ensure that the hardware installed already in the hospitals are compatible with the new/ modified transaction software, if any.
- g. It will be the responsibility of the incoming insurer to ascertain the details about the existing hardware and software and undertake necessary modifications (if necessary) at their (insurer's) own cost if the hardware is not working because of compatibility.

- h. Only in the cases where the hardware is not in working condition or is reported lost, it will be the responsibility of the private hospital to arrange for the necessary hardware

31. INSURER UNDERTAKING WITH RESPECT TO PROVISION OF SERVICES

The Insurer further undertakes that it has entered into or will enter into service agreements within:

- a. A period of 14 days from signature of the Agreement with State Government, with a TPA/ smart card provider, for the purposes of fulfilling various obligations of RSBY implementation as mentioned in clause 15.1 of this document.
- b. A period of 21 days from the signature of the Agreement with State Government with the following:
- i. Intermediary organization(s) which would perform the functions outlined in Clause - 15.2 of this document. Detailed Guidelines regarding outsourcing the activities to the intermediary organizations will be provided by the State Government/ State Nodal Agency to the successful bidder.
 - ii. Health Care Providers, for empanelment based on the approved package rates of surgical and medical procedures, as per the terms and conditions outlined in this tender.
 - iii. Such other parties as the Insurer deems necessary to ensure effective outreach and delivery of health insurance under RSBY in consultation with the State Nodal Agency.
- c. The Insurer will set up fully operational and staffed district kiosk and server within 15 days of signing the agreement with the State Government/Nodal Agency. State Nodal Agency will provide rent free space in the district for setting-up of district kiosk.
- d. The insurer will necessarily need to complete the following activities before the start of the enrolment in the district:
- i. Empanelment of adequate number of hospitals in each district
 - ii. Setting of operational District Kiosk and Server
 - iii. Setting up of toll free helpline
 - iv. Printing of the booklets which is to be given to the Beneficiaries with the Smart Cards
 - v. Setting up of the District Server to house complete Beneficiary enrolment and transaction data for that district.
 - vi. Ensuring availability of policy number for the district prior to enrolment.
 - vii. Ensuring that the service providers appointed by it carry out the correct addition of insurance policy details and policy dates, i.e., start and end dates, to the district server.

- viii. Ensuring that contact details of the nodal officer of the Insurer, the nodal officer of the TPA and the nodal officer of the service provider are updated on the RSBY website.
 - ix. Insurer will share route chart of the enrollment process 7 (Seven) days prior with SNA.
 - x. Insurer will share SNA with a report of daily enrollments done on daily basis and weekly report of enrollments containing family analysis.
 - xi. Insurer will share with SNA real time reports of claim data analysis and payment details of various network hospitals.
 - xii. Insurer will confirm that card be delivered on spot to the beneficiary at the time of enrollment. Insurer will submit a certificate to SNA in this regard along with bill for premium release for that particular month.
- e. The Insurer will be responsible for ensuring that the functions and standards outlined in the tender are met, whether direct implementation rests with the Insurer or one or more of its partners under service agreements. It shall be the responsibility of the Insurer to ensure that any service agreements with the organizations outlined above provide for appropriate recourse and remedies for the Insurer in the case of non- or partial performance by such other organizations.
- f. Ensure Business Continuity Plan as given in Section 32.

32. BUSINESS CONTINUITY PLAN

As RSBY depends a lot on the technology and the related aspects of Smart Cards and biometric to deliver benefits to the beneficiaries under RSBY, unforeseen technology and delivery issues in its implementation may interrupt the services. It is hereby agreed that , having implemented the system, if there is an issue causing interruption in its continuous implementation, thereby causing interruption in continuous servicing, the insurers shall be required to make all efforts through alternate mechanism to ensure full service to the beneficiaries in the meantime ensuring to bring the services back to the online platform. The Insurer shall use processes defined in Business continuity plan provided by Government of India for RSBY for this purpose. In such a scenario, the insurance company shall be responsible for furnishing all data/information required by MoLE and State Government/Nodal Agency in the prescribed format.

33. CLAIM MANAGEMENT

33.1 *Payment of Claims and Claim Turnaround Time*

The Insurer will observe the following discipline regarding settlement of claims received from the empanelled hospitals:

- a. The Insurer will ensure that Claim of the hospital is settled and money sent to the hospital within **ONE MONTH** of receipt of claim data by the Insurance Company or their representatives.

- b. In case a claim is being rejected, this information will also be sent to hospital within **ONE MONTH**. Alongwith the claim rejection information, Insurer will also inform the hospital that it can appeal to the District Grievance Redressal Committee if it feel so. The contact details of the District Grievance Redressal Committee will need to be provided by the Insurance Company alongwith each claim rejection letter.
- c. In both the cases, i.e., where a claim is either being settled or being investigated, the process shall be completed within One Month
- d. The counting of days in all the cases will start from the day when claims are received by the Insurance Company or its representative.

The Insurer may collect at their own cost complete claim papers from the provider, if required for audit purposes. This will not have any bearing on the claim settlement to the provider.

33.2 *Right of Appeal and reopening of claims*

The Empanelled Provider shall have a right of appeal to approach the Insurer if the Provider feels that the claim is payable. If provider is not agreed with the Insurers' decision in this regard, can appeal to the District and/or State Level Grievance Redressal Committee as per Section 21 of this document. This right of appeal will be mentioned by the Insurer in every repudiation advice. The Insurer and/ or Government can re-open the claim if proper and relevant documents as required by the Insurer are submitted.

PART II – INSTRUCTIONS TO BIDDERS

1. ELIGIBILITY CRITERIA

1.1 Qualification Criteria

Only those insurance companies which are registered with IRDA or enabled by a Central legislation to undertake general insurance (including health insurance) activities and have a valid registration as on the Bid Due Date shall be eligible to submit a Bid for award of the Contract. The conditions mentioned above shall be the **Qualification Criteria**. If any Bidder fails to meet the Qualification Criteria, its Bid shall be rejected.

1.2 Nature of Bidder Entity

- a. The Bidder may be a private or public insurance company.
- b. Insurance companies that meet the Qualification Criteria individually may submit their Bids. Insurance companies shall not be entitled to form a consortium. If an insurance company does not meet the Qualification Criteria on its own merits and forms a consortium with other insurance company(ies), then the Bid submitted by such consortium shall be rejected and all the members of the consortium shall be disqualified.

1.3 Canvassing

If the Bidder undertakes any canvassing in any manner to influence the process of the selection of the Successful Bidder or the issuance of the NOA, such Bidder shall be disqualified.

1.4 Misrepresentation by the Bidder

- a. The State Nodal Agency reserves the right to reject any Bid if:
 - i. at any time, a material misrepresentation is made by the Bidder; or
 - ii. the Bidder does not provide, within the time specified by the State Nodal Agency, the supplemental information sought by the State Nodal Agency for evaluation of the Bid.
- b. If it is found during the evaluation or at any time before signing of the Contract or after its execution and during the period of subsistence thereof, the Bidder in the opinion of the State Nodal Agency has made a material misrepresentation or has given any materially incorrect or false information, the Bidder shall be disqualified forthwith, if not yet selected as the Successful Bidder by issuance of the NOA. If the Bidder, has already been issued the NOA or it has entered into the Contract, as

the case may be, the same shall, notwithstanding anything to the contrary contained therein or in these Tender Documents, be liable to be terminated, by a communication in writing by the State Nodal Agency to the Bidder, without the State Nodal Agency being liable in any manner whatsoever to the Bidder.

2. CLARIFICATIONS AND QUERIES; ADDENDA;

2.1 Clarifications and Queries

- a. If the Bidder requires any clarification on the Tender Documents, it may notify the State Nodal Agency in writing, provided that all queries or clarification requests should be received on or before the date and time mentioned in the Tender Notice.
- b. The State Nodal Agency will endeavour to respond to any request for clarification or modification of the Tender Documents that it receives, no later than the date specified in the Tender Notice. The responses to such queries shall be sent by email to all the bidders. The State Nodal Agency's written responses (including an explanation of the query but not identification of its source) will be made available to all Bidders who have downloaded the Tender Documents.
- c. The State Nodal Agency reserves the right not to respond to any query or provide any clarification, in its sole discretion, and nothing in this Clause shall be taken to be or read as compelling or requiring the State Nodal Agency to respond to any query or to provide any clarification.
- d. The State Nodal Agency, may on its own motion, if deemed necessary, issue interpretations, clarifications and amendments to all the Bidders. All clarifications, interpretations and amendments issued by State Nodal Agency shall be issued at least 14 days prior to the Bid Due Date.
- e. Verbal clarifications and information given by the State Nodal Agency, or any other person for or on its behalf shall not in any way or manner be binding on the State Nodal Agency.

2.2 Amendment of Tender Documents

- a. Up until the date that is 7 days prior to the Bid Due Date, the State Nodal Agency may, for any reason, whether at its own initiative, or in response to a clarification requested by a Bidder in writing amend the Tender Documents by issuing an Addendum. The Addendum shall be in writing and shall be uploaded on the relevant website.
- b. Each Addendum shall be binding on the Bidders, whether or not the Bidders convey their acceptance of the Addendum. It will be assumed

that the information contained therein will have been taken into account by the Bidder in its Bid.

- c. In order to afford the Bidders reasonable time in which to take the Addendum into account in preparing the Bid, the State Nodal Agency may, at its discretion, extend the Bid Due Date, in which case, the State Nodal Agency will notify all Bidders in writing of the extended Bid Due Date.
- d. Any oral statements made by the State Nodal Agency or its advisors regarding the quality of services to be provided or arrangements on any other matter shall not be considered as amending the Tender Documents.

2.3 No Correspondence

Save as provided in these Tender Documents, the State Nodal Agency will not entertain any correspondence with the Bidders.

3. PREPARATION AND SUBMISSION OF BIDS

3.1 Language of Bid

The Bid prepared by the Bidder and all correspondence and documents related to the Bid exchanged by the Bidder and the State Nodal Agency shall be in English.

3.2 Validity of Bids

- a. The Bid shall remain valid for a period of 180 days from the Bid Due Date (excluding the Bid Due Date). A Bid valid for a shorter period shall be rejected as being non-responsive.
- b. In exceptional circumstances, the State Nodal Agency may request the Bidders to extend the Bid validity period prior to the expiration of the Bid validity period. The request and the responses shall be made in writing.

3.3 Premium

The Bidders are being required to quote the Premium:

- a. for providing RSBY health insurance services to all Beneficiary Family Units in **12** districts of the State;
- b. per Beneficiary Family Unit for Inpatient care, which Premium shall be inclusive of all costs, including cost of smart card and its issuance, expenses, service charges, taxes, overheads, profits and service tax (if any) payable in respect of such Premium;

- c. separate premium per Beneficiary Family Unit for Outpatient Benefits, which Premium shall be inclusive of all costs, including service charges, taxes, overheads, profits and service tax (if any) payable in respect of such Premium;
- d. in the format specified at **Annexure H**; and
- e. only in Indian Rupees and to two decimal places.

3.4 Formats and Submission of the Bid

- a. The Bidder shall submit the following documents as part of its Technical Bid:
 - i. The Technical Bid in the format set out in **Annexure A**.
 - ii. Self certified copies (Self certified copy by Insurance Companies' authorised signatory) of the registration granted by the IRDA for carrying on general insurance (including health insurance) business in India as **Annexure B**.
 - iii. The undertaking by the bidder regarding agreement to all the terms and conditions of RSBY as provided in this tender as per **Annexure C**.
 - iv. The undertaking by the Bidder to use the services of only those Third Party Administrators, Smart Card Service Providers and similar agencies that fulfil the criteria specified in the Tender Documents, in the format set out in **Annexure D**.
 - v. Information regarding the Bidder's previous experience for last 12 months/ policy year in implementing the RSBY (if any), in the format set out at **Annexure E**. In the same format, the Bidder should provide a brief write-up of its experience in implementing the RSBY, including the following items:
 - Coordination with the State Government
 - Enrolment of Beneficiary
 - Empanelment of Health Care Providers
 - Service Delivery to the Beneficiary
 - Settlement of claims
 - Experience with TPA/ Smart card vendor
 - vi. List of medical or surgical procedures or interventions in addition to those set out in **Appendix 3** (if any) with Package Rates, in the format specified in **Annexure F**.
 - vii. The certificate from the Bidder's Chief Underwriter/ appointed actuary stating that due diligence has been done in calculation of rates as per actuarial calculations, in the format set out in **Annexure G**.

Note:

If the Bidder does not have previous experience in implementing the RSBY and/or if the Bidder is not proposing any additional Package Rates, then the Bidder shall submit Annexure D and/or Annexure E without any details and stating 'Nil'.

4. BID SUBMISSION

4.1 Technical Bid Submission

The Technical Bid (including all of the documents listed above) shall be duly sealed in the first envelope, which shall be super-scribed as follows:

"RASHTRIYA SWASTHYA BIMA YOJANA IN STATE OF HIMACHAL PRADESH:
TECHNICAL BID
DO NOT OPEN BEFORE SPECIFIED TIME ON BID DUE DATE"

The Bidder shall submit its Financial Bid in the format set out in **Annexure H**.

4.2 Financial Bid Submission

The Financial Bid will be placed in an envelope, which shall be super-scribed as follows:

"RASHTRIYA SWASTHYA BIMA YOJANA IN STATE OF HIMACHAL PRADESH:
FINANCIAL BID
DO NOT OPEN BEFORE COMPLETION OF EVALUATION OF TECHNICAL BIDS"

Each page of the Financial Bid shall be initialled by the authorized signatory of the Bidder. The envelope containing the Financial Bid shall be duly sealed.

4.3 General Points for Bid Submission

- b. The Bidder shall submit one original hard copy and one soft copy (in a CD/ DVD/ Pendrive) of the Technical Bid and one original hard copy of the Financial Bid.
- c. The Bid shall contain no alterations, omissions or additions, unless such alterations, omissions or additions are signed by the authorized signatory of the Bidder.
- d. The Bidder should attach clearly marked and referenced continuation sheets if the space provided in the prescribed forms in the Annexures is insufficient. Alternatively, the Bidder may format the prescribed forms making due provision for incorporation of the requested information, but without changing the contents of such prescribed formats.

- e. Any interlineations, erasures, or overwriting will be valid only if they are signed by the authorized signatory of the Bidder.
- f. The sealed envelopes containing the Technical Bid and the Financial Bid shall be placed in a sealed outer envelope that shall be super-scribed as follows:

**"RASHTRIYA SWASTHYA BIMA YOJANA IN STATE OF HIMACHAL PRADESH: BID
DO NOT OPEN BEFORE BID DUE DATE"**

- g. Each of the sealed envelopes shall clearly indicate the name, address and contact details of the Bidder on the left hand side bottom corner. Also, each of the sealed envelopes shall clearly indicate the Bid Due Date and the date and time of submission of the Bid on the right hand side bottom corner.
- h. If the envelopes are not sealed and marked as instructed above, the State Nodal Agency assumes no responsibility for the misplacement or premature opening of the contents of the Bid and consequent losses, if any, suffered by the Bidder.
- i. The Bid (containing the Technical Bid and the Financial Bid in separate sealed envelopes) shall either be hand delivered or sent by registered post acknowledgement due or courier to the address below:

**Chief Executive Officer,
HP Swasthya Bima Yojna Society,
Thakur Villa, Opposite Jal Bhawan,
Kasumpti, Shimla-171009
Phone: 0177-2629840
Fax: 0177-2629802
Email: ceorsbyhp@gmail.com**

Note:

- i. Bids submitted by fax, telex, telegram or e-mail shall not be entertained and shall be rejected.
- ii. All correspondence or communications in relation to the RSBY or the Bidding Process shall be sent in writing.

4.4 Time for Submission of Bids

- a. The Bid shall be submitted on or before 1600 hours on the Bid Due Date. If any Bid is received after the specified time on the Bid Due Date, it shall be rejected and shall be returned unopened to the Bidder.

- b. The State Nodal Agency may, at its discretion, extend the Bid Due Date by amending the Tender Documents in accordance with Clause 4.3, in which case all rights and obligations of the State Nodal Agency and the Bidders will thereafter be subject to the Bid Due Date as extended.

4.5 Withdrawal/ Modification of Bids

- a. A Bidder may modify or withdraw the Bid after submission, provided the notice of the modification or withdrawal is given to the State Nodal Agency before the Bid Due Date.
- b. If the State Nodal Agency receives a modification notice from a Bidder on or before the Bid Due Date, then the modification notice shall be opened and read along with the Bid. If the State Nodal Agency receives a withdrawal notice, then the State Nodal Agency shall return the Bid to such Bidder unopened.
- c. No Bid may be modified or withdrawn in the interval between the Bid Due Date and the expiry of the Bid validity period.

5. OPENING OF BIDS

- a. The State Nodal Agency shall only open the Bids of those Bidders that have applied for and received the Tender Documents in accordance with the requirements of the Tender Notice. Bids submitted by persons not meeting this requirement shall be returned unopened.
- b. The State Nodal Agency shall open the Bids at the time, on the date and at the place mentioned in Clause 4.3 and Clause 4.4.
- c. The outer envelopes of the Bids and the Technical Bids will be opened at the time mentioned in the Tender Notice.
- d. The Technical Bids will then be evaluated for responsiveness and to determine whether the Bidders will qualify as Eligible Bidders. The procedure for evaluation of the Technical Bids is set out at Clause 6.1.
- e. The Eligible Bidders will be informed of a date, time and place for opening of their Financial Bids.
- f. The Financial Bids of only the Eligible Bidders will be considered for evaluation on the intimated date. The Financial Bids will be opened in the presence of the representatives of the Eligible Bidders that choose to be present. The procedure for evaluation of the Financial Bids is set out at Clause 6.4.

6. EVALUATION OF BIDS AND SELECTION OF SUCCESSFUL BIDDER

6.1 Technical Bid Evaluation

- a. The Technical Bids will first be evaluated for responsiveness to the Tender Documents. If any Technical Bid is found: (i) not to be complete in all respects; (ii) not in the prescribed formats or (iii) to contain material alterations, conditions, deviations or omissions, then such Technical Bid will be deemed to be substantially non-responsive.
- b. A substantially non-responsive Technical Bid shall be liable to be rejected, unless the State Nodal Agency elects to seek clarifications from the Bidder or to construe information submitted by the Bidder in the manner that the State Nodal Agency deems fit.
- c. The State Nodal Agency will evaluate only those Technical Bids that are found to be substantially responsive, to determine whether such Bidders are eligible and meet the Qualification Criteria, in accordance with the requirements set out at Clause 1.
- d. In order to determine whether the Bidder is eligible and meets the Qualification Criteria, the State Nodal Agency will examine the documentary evidence of the Bidder's qualifications submitted by the Bidder and any additional information which the State Nodal Agency receives from the Bidder upon request by the State Nodal Agency. For evaluation of the Technical Bids, the State Nodal Agency will apply the evaluation criteria set out at **Appendix 16**.
- e. After completion of the evaluation of the Technical Bids, the State Nodal Agency will notify the Eligible Bidders of the date of opening of the Financial Bids. Such notification may be issued on the date of issuance of the opening of the Technical Bids, in which case the Financial Bids may be opened either on the same day or the next working day. The Financial Bids of those Bidders who are not declared as Eligible Bidders will be returned to them unopened.

6.2 Responsiveness of Financial Bids

Upon opening of the Financial Bids of the Eligible Bidders, they will first be evaluated for responsiveness to the Tender Documents. If: (i) any Financial Bid is not to be complete in all respects; or (ii) any Financial Bid is not duly signed by the authorized representative of the Bidder; or (iii) any Financial Bid is not in the prescribed formats; and (v) any Financial Bid contains material alterations, conditions, deviations or omissions, then such Financial Bid shall be deemed to be substantially non-responsive. Such Financial Bid that is deemed to be substantially non-responsive shall be rejected.

6.3 Clarifications on Bids

- a. In evaluating the Technical Bids or the Financial Bids, the State Nodal Agency may seek clarifications from the Bidders regarding the information in the Bid by making a request to the Bidder. The request for clarification and the response shall be in writing. Such response(s) shall be provided by the Bidder to the State Nodal Agency within the time specified by the State Nodal Agency for this purpose.
- b. If a Bidder does not provide clarifications sought by the State Nodal Agency within the prescribed time, the State Nodal Agency may elect to reject its Bid. In the event that the State Nodal Agency elects not to reject the Bid, the State Nodal Agency may proceed to evaluate the Bid by construing the particulars requiring clarification to the best of its understanding, and the Bidder shall not be allowed to subsequently question such interpretation by the State Nodal Agency.
- c. No change in the Premium quoted or any change to substance of any Bid shall be sought, offered or permitted.

6.4 Selection of Successful Bidder

- a. Once the Financial Bids of the Eligible Bidders have been opened and evaluated:
 - i. The State Nodal Agency shall notify an Eligible Bidder whose Financial Bid is found to be substantially responsive, of the date, time and place for the ranking of the Financial Bids and selection of the Successful Bidder (the **Selection Meeting**) and invite such Eligible Bidder to be present at the Selection Meeting.
 - ii. The State Nodal Agency 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.
- b. In selecting the Successful Bidder, the objectives of the State Nodal Agency is to select a Bidder that:
 - i. is an Eligible Bidder;
 - ii. has submitted a substantially responsive Financial Bid; and
 - iii. has quoted the lowest Premium for RSBY.
- c. The process to select a single bidder to provide both RSBY Inpatient and RSBY Outpatient (ONLY for Weavers and Artisans) will be as follows:
 - i. The bidder with the lowest premium rate (L1) for RSBY Inpatient care will be awarded the contract ONLY if the bidder also agreed to match the lowest premium of RSBY Outpatient benefits (in case bidder with lowest RSBY inpatient benefits is different from the lowest bidder of RSBY Outpatient).

- ii. In case L1 of RSBY Inpatient benefits does not agree to match the lowest bid of RSBY Outpatient, then the bidder with the lowest premium rate (L1) for “RSBY Outpatient benefits” will be awarded the contract. However, the bidder will be awarded the contract ONLY if the bidder also agrees to match the lowest premium of RSBY Inpatient (in case bidder with lowest RSBY Outpatient benefits is different from the lowest bidder of RSBY package).
- iii. If the L1 of RSBY Outpatient does not agree to match L1 rate of RSBY inpatient then the L2 bidder of RSBY Outpatient will be given the choice to match both RSBY Outpatient and RSBY Inpatient lowest bids. If both L1 and L2 does not agree to match the rates then L3 of Outpatient will be given the choice to match both RSBY inpatient and outpatient bid and so on
- iv. The existing Insurance Company working in Himachal Pradesh will be given first right to match lowest quotes for both the packages in case it is not the lowest bidder.

The Eligible Bidder meeting these criteria shall be the **Successful Bidder**.

7. AWARD OF CONTRACT

7.1 Notification of Award

- a. Upon selecting the Successful Bidder in accordance with Clause 6.4, the State Nodal Agency shall send the proposal to MoLE, Government of India for approval.
- b. After the approval by Government of India, State Nodal Agency will issue original copy of a notification of award (the **NOA**) to such Bidder.

7.2 Structure of the Contract

- a. The State Nodal Agency shall enter into contract with the Successful Bidder that will set out the terms and conditions for implementation of the scheme
- b. The State Nodal Agency shall, within 14 days of the acceptance of the NOA by the Successful Bidder, provide the Successful Bidder with the final drafts of the Contract.

7.3 Execution of the Contract

The State Nodal Agency and the Successful Bidder shall execute the Contract within 21 (twenty one) days of the acceptance of the NOA by the Successful Bidder. The Contract shall be executed in the form of the final drafts provided by the State Nodal Agency.

8. RIGHTS OF STATE NODAL AGENCY

The State Nodal Agency reserves the right, in its sole discretion and without any liability to the Bidders, to:

- a. accept or reject any Bid or annul the Bidding Process or reject all Bids at any time prior to the award of the Contract, without thereby incurring any liability to the affected Bidder(s);
- b. accept the lowest or any Bid;
- c. suspend and/or cancel the Bidding Process and/or amend and/or supplement the Bidding Process or modify the dates or other terms and conditions relating thereto;
- d. consult with any Bidder in order to receive clarification or further information in relation to its Bid; and
- e. 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.

9. GENERAL

9.1 Confidentiality and Proprietary Data

- a. The Tender Documents, and all other documents and information that are provided by the State Nodal Agency are and shall remain the property of the State Nodal Agency and are provided to the Bidders solely for the purpose of preparation and the submission of their Bids in accordance with the Tender Documents. The Bidders are to treat all information as strictly confidential and are not to use such information for any purpose other than for preparation and submission of their Bids.
- b. The State Nodal Agency shall not be required to return any Bid or part thereof or any information provided along with the Bid to the Bidders, other than in accordance with provisions set out in these Tender Documents.
- c. The Bidder shall not divulge any information relating to examination, clarification, evaluation and selection of the Successful Bidder to any person who is not officially concerned with the Bidding Process or is not a retained professional advisor advising the State Nodal Agency or such Bidder on or matters arising out of or concerning the Bidding Process.
- d. Except as stated in these Tender Documents, the State Nodal Agency will treat all information, submitted as part of a Bid, in confidence and will require all those who have access to such material to treat it in confidence. The State Nodal Agency may not divulge any such information unless as contemplated under these Tender Documents or it is directed to do so by any statutory authority that has the power under law to require its disclosure or is to enforce or assert any right or privilege of the statutory authority and/or the State Nodal Agency or as

may be required by law (including under the Right to Information Act, 2005) or in connection with any legal process.

9.2 Governing Law and Dispute Resolution

The Bidding Process, the Tender Documents and the Bids shall be governed by, and construed in accordance with, the laws of India and the competent courts at State capital shall have exclusive jurisdiction over all disputes arising under, pursuant to and/or in connection with the Bidding Process.

ANNEXURES

ANNEXURE A – FORMAT OF TECHNICAL BID

[On the letterhead of the Bidder]

From:

[insert name of Bidder]
[insert address of Bidder]

Date: [●], 2013

To:

Chief Executive Officer,
HP Swasthya Bima Yojna Society,
Thakur Villa, Opposite Jal Bhawan,
Kasumpti, Shimla-17100

Dear Sir,

Sub: Technical Bid for Implementation of the RSBY in the State of Himachal Pradesh

With reference to your Tender Documents dated 05.09.2013, we, [*insert name of Bidder*], wish to submit our Technical Bid for the award of the Contract(s) for the implementation of the Rashtriya Swasthya Bima Yojana in the State of Himachal Pradesh. Our details have been set out in **Annex 1** to this Letter.

We hereby submit our Technical Bid, which is unconditional and unqualified. We have examined the Tender Documents issued by the State Nodal Agency.

1. We acknowledge that the Department of Health & FW, Government of Himachal Pradesh or any other person nominated by the Government of Himachal Pradesh (the **State Nodal Agency**) will be relying on the information provided in the Technical Bid and the documents accompanying such Technical Bid for selection of the Eligible Bidders for the evaluation of Financial Bids, and we certify that all information provided in the Technical Bid is true and correct. Nothing has been omitted which renders such information misleading and all documents accompanying such Technical Bid are true copies of their respective originals.
2. We shall make available to the State Nodal Agency any clarification that it may find necessary or require to supplement or authenticate the Technical Bid.
3. We acknowledge the right of the State Nodal Agency to reject our Technical Bid or not to declare us as a Eligible Bidder, without assigning any reason or otherwise

and we hereby waive, to the fullest extent permitted by applicable law, our right to challenge the same on any account whatsoever.

4. We undertake that:

- a. We satisfy the Qualification Criteria and meet all the requirements as specified in the Tender Documents.
- b. We agree and release the State Nodal Agency and their employees, agents and advisors, 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 Tender Documents and/or in connection with the Bidding Process, to the fullest extent permitted by applicable law and waive any and all rights and/or claims I/we may have in this respect, whether actual or contingent, whether present or in future.

5. We represent and warrant that:

- a. We have examined and have no reservations to the Tender Documents, including all Addenda issued by the State Nodal Agency.
- b. We accept the terms of the Contract that forms Volume II of the Tender Documents and all, and shall seek no material deviations from or otherwise seek to materially negotiate the terms of the draft Main Contract or the draft Supplementary Contract, if declared as the Successful Bidder.
- c. [We are registered with the IRDA]/[We are enabled by a central legislation] to undertake the general insurance (including health insurance) business in India and we hold a valid registration as on the date of submission of this Bid. [*Note to Bidders: Please choose the correct option.*]
- d. We have not and will not undertake any canvassing in any manner to influence or to try to influence the process of selection of the Successful Bidder.
- e. The Tender Documents and all other documents and information that are provided by the State Nodal Agency to us are and shall remain the property of the State Nodal Agency and are provided to us solely for the purpose of preparation and the submission of this Bid in accordance with the Tender Documents. We undertake that we shall treat all information received from or on behalf of the State Nodal Agency as strictly confidential and we shall not use such information for any purpose other than for preparation and submission of this Bid.
- f. The State Nodal Agency is not obliged to return the Technical Bid or any part thereof or any information provided along with the Technical Bid, other than in accordance with provisions set out in the Tender Documents.

- g. We have made a complete and careful examination of the Tender Documents and all other information made available by or on behalf of the State Nodal Agency.
 - h. We have satisfied ourselves about all things, matters and information, necessary and required for submitting an informed Bid and performance of our obligations under the Contract(s).
 - i. Any inadequacy, lack of completeness or incorrectness of information provided in the Tender Documents or by or on behalf of the State Nodal Agency or ignorance of any matter related thereto shall not be a basis for any claim for compensation, damages, relief for non-performance of its obligations or loss of profits or revenue from the State Nodal Agency or a ground for termination of the Contract.
 - j. Our Bid shall be valid for a period of 180 days from the Bid Due Date, i.e., until **[insert date]**.
6. We undertake that if there is any change in facts or circumstances during the Bidding Process, or if we become subject to disqualification in accordance with the terms of the Tender Documents, we shall advise the State Nodal Agency of the same immediately.
7. We are submitting with this Letter, the documents that are listed in the checklist set out as **Annex 2** to this Letter.
8. We undertake that if we are selected as the Successful Bidder we shall:
- a. Sign and return an original copy of the NOA to the State Nodal Agency within 7 days of receipt of the NOA, as confirmation of our acceptance of the NOA.
 - b. Not seek to materially negotiate or seek any material deviations from the final drafts of the Contract provided to us by the State Nodal Agency in accordance with Clause 87.2(b) of Part II of the Tender Documents.
 - c. Execute the Contract with the State Nodal Agency.
9. We hereby irrevocably waive any right or remedy which we may have at any stage at law or howsoever arising to challenge the criteria for evaluation of the Technical Bid or question any decision taken by the State Nodal Agency in connection with the evaluation of the Technical Bid, declaration of the Eligible Bidders, or in connection with the Bidding Process itself, or in respect of the Contract(s) for the implementation of the RSBY in the State of _____.
10. We agree and undertake to abide by all the terms and conditions of the Tender Documents, including all Addenda, Annexures and Appendices.
11. This Bidding Process, the Tender Documents and the Bid shall be governed by and construed in all respects according to the laws for the time being in force in India.

12. Capitalized terms which are not defined herein will have the same meaning ascribed to them in the Tender Documents.

In witness thereof, we submit this Letter accompanying the Technical Bid under and in accordance with the terms of the Tender Documents.

Dated this *[insert date]* day of *[insert month]*, 2013

[signature]

In the capacity of ____
[position]

Duly authorized to sign this Bid for and on behalf of ____
[name of Bidder]

ANNEX 1 - DETAILS OF THE BIDDER

1. Details of the Company
 - a. Name:
 - b. Address of the corporate headquarters and its branch office head in the State, if any:
 - c. Date of incorporation and/or commencement of business:
2. Details of individual(s) who will serve as the point of contact/communication for the State Nodal Agency:
 - a. Name:
 - b. Designation:
 - c. Company:
 - d. Address:
 - e. Telephone Number:
 - f. E-mail Address:
 - g. Fax Number:
3. Particulars of the Authorised Signatory of the Bidder:
 - a. Name:
 - b. Designation:
 - c. Company:
 - d. Address:
 - e. Telephone Number:
 - f. E-mail Address:
 - g. Fax Number:

ANNEX 2 – CHECK LIST OF DOCUMENTS SUBMITTED WITH THE TECHNICAL BID

Sl. No.	Document	Clause Reference	Document Submitted (Yes/No)
1.	Technical Bid	3.4(a)(i); Annexure A	
2.	Copies of registration granted by the IRDA for carrying on general insurance (including health insurance) business in India. [Note. If the Bidder is entitled by a central legislation to undertake the general insurance (including health insurance) business, then the Bidder shall provide a copy of the central legislation or other delegated legislation empowering the Bidder to undertake the general, including health, insurance business, instead of the IRDA registration.]	3.4(a)(ii); Annexure B	
3.	Undertaking expressing explicit agreement to the terms of the RSBY	3.4(a)(iii); Annexure C	
4.	Undertaking to use only Third Party Administrators, Smart Card Service Providers and similar agencies that fulfil the criteria specified in the Tender Documents	3.4(a)(iv); Annexure D	
5.	Information regarding the Bidder's previous experience in implementing the RSBY (if any)	3.4(a)(v); Annexure E	
6.	List of medical or surgical procedures or interventions in addition to those set out in Appendix 4 to the Tender Documents with Package Rates (if any)	3.4(a)(vi); Annexure F	
7.	Actuarial Certificate	3.4(a)(xi); Annexure G	

[Note to Bidders: Bidders are requested to fill in the last column at the time of submission of their Bid.]

ANNEXURE C – FORMAT OF UNDERTAKING REGARDING COMPLIANCE WITH TERMS OF SCHEME

[On letterhead of the Bidder]

From

[Name of Bidder]
[Address of Bidder]

Date: [insert date], 2013

To

Chief Executive Officer,
HP Swasthya Bima Yojna Society,
Thakur Villa, Opposite Jal Bhawan,
Kasumpti, Shimla-171009

Dear Sir,

Sub: Undertaking Regarding Compliance with Terms of Scheme

I, [insert name] designated as [insert title] at [insert location] of [insert name of Bidder] and being the authorized signatory of the Bidder, do hereby declare and undertake that we have read the Tender Documents for award of Contract(s) for the implementation of the Rashtriya Swasthya Bima Yojana.

We hereby undertake and explicitly agree that if we are selected as the Successful Bidder, we shall adhere to and comply with the terms of the Scheme as set out in the Tender Documents and the Contract(s).

Dated this ___ day of _____, 2013

[signature]

In the capacity of ____
[position]

Duly authorized to sign this Bid for and on behalf of ____
[name of Bidder]

ANNEXURE D – UNDERTAKING REGARDING USE OF THIRD PARTY ADMINISTRATORS, SMART CARD SERVICE PROVIDERS AND SIMILAR AGENCIES

[On letterhead of the Bidder]

From

[Name of Bidder]
[Address of Bidder]

Date: [insert date], 2013

To

Chief Executive Officer,
HP Swasthya Bima Yojna Society,
Thakur Villa, Opposite Jal Bhawan,
Kasumpti, Shimla-171009

Dear Sir,

Sub: Undertaking Regarding Appointment of Third Party Administrators, Smart Card Service Providers and Similar Agencies

I, [insert name] designated as [insert title] at [insert location] of [insert name of Bidder] and being the authorized signatory of the Bidder, do hereby declare and undertake that we have read the Tender Documents for award of Contract(s) for the implementation of the Rashtriya Swasthya Bima Yojana.

We hereby undertake and explicitly agree that if we are selected as the Successful Bidder, we shall only appoint those Third Party Administrators, Smart Card Service Providers and similar agencies that meet the criteria specified in the Tender Documents for appointment of Third Party Administrators, Smart Card Service Providers and similar agencies.

Dated this ___ day of _____, 2013

[signature]

In the capacity of ____
[position]

Duly authorized to sign this Bid for and on behalf of ____
[name of Bidder]

ANNEXURE E – FORMAT FOR PROVIDING INFORMATION ON PREVIOUS EXPERIENCE WITH RSBY

Name of the State where Providing Insurance for RSBY	Name of the districts	Date of Financial Bid Opening	Date of Signing of Contract with State Govt.	BPL Families in the district	Date of Start of Enrolment	Families covered under RSBY till in the district	TPAs involved (Yes/ No). If yes name of the TPA	Name of the Smart Card Agency involved	Claim Ratio
1.	I								
	II								
	III								
	IV								
	V								
2.	I								
	II								
	III								
	IV								
	V								
3.	I								
	II								
	III								
	IV								
	V								

A Brief write-up about the experience of implementing the RSBY should be provided here in accordance with the requirements of Clause 3.4(a)(v).

ANNEXURE G – FORMAT OF ACTUARIAL CERTIFICATE

[On letterhead of the Bidder's Appointed Actuary]

From

[Name of Actuary/ Chief Underwriter]
[Address of Actuary/ Chief Underwriter]

Date: [insert date], 2013

To

Chief Executive Officer,
HP Swasthya Bima Yojna Society,
Thakur Villa, Opposite Jal Bhawan,
Kasumpti, Shimla-171009

Dear Sir,

Sub: Actuarial Certificate in respect of Premium quoted by [insert name of Bidder] in its Financial Bid dated [insert date]

I/ We, [insert name of actuary/ Chief Underwriter], are/ am a/ an registered actuary under the laws of India and are/ is licensed to provide actuarial services.

[insert name of Bidder] (the Bidder) is an insurance company engaged in the business of providing general insurance (including health insurance) services in India and we have been appointed by the Bidder as its actuary.

I/ We understand that the Bidder will submit its Bid for the implementation of the Rashtriya Swasthya Bima Yojana (the Scheme) in the State of [Insert Name of he State].

I, [insert name] designated as [insert title] at [insert location] of [insert name of actuary/ Chief Underwriter] do hereby certify that:

- a. We have read the Tender Documents for award of Contract(s) for the implementation of the Scheme.
- b. The rates, terms and conditions of the Tender Documents and the Premium being quoted by the Bidder for RSBY are determined on a technically sound basis, are financially viable and sustainable on the basis of information and claims experience available in the records of the Bidder.
- c. Following assumptions have been taken into account while calculating the price for this product:
 - i. Claim Ratio – ___ %

- ii. Administrative Cost - ____
- iii. Cost of Smart Card and its issuance - ____
- iv. Profit - ____ %

Dated this ____ day of _____, 2013

At [insert place]

[signature]

In the capacity of ____
[position]

ANNEXURE H – FORMAT OF FINANCIAL BID

[On letterhead of the Bidder]

From

[insert name of Bidder]
[insert address of Bidder]

Date: [insert date], 2013

To

Chief Executive Officer,
HP Swasthya Bima Yojna Society,
Thakur Villa, Opposite Jal Bhawan,
Kasumpti, Shimla-171009

Dear Sir,

Sub: Financial Bid for Implementation of the RSBY in the State of _____

With reference to your Tender Documents dated **(Insert Date)** we, **[insert name of Bidder]**, wish to submit our Financial Bid for the award of the Contract(s) for the implementation of the Rashtriya Swasthya Bima Yojana in the State of **(Insert Name of the State)**. Our details have been set out in our Technical Bid.

1. We hereby submit our Financial Bid, which is unconditional and unqualified. We have examined the Tender Documents, including all the Addenda.
2. We acknowledge that the State Nodal Agency will be relying on the information provided in the Financial Bid for evaluation and comparison of Financial Bids received from the Eligible Bidders and for the selection of the Successful Bidder for the award of the Contract for the implementation of the RSBY in the State of **(Insert Name of the State)**. We certify that all information provided in the Financial Bid is true and correct. Nothing has been omitted which renders such information misleading and all documents accompanying our Financial Bid are true copies of their respective originals.
3. We shall make available to the State Nodal Agency any clarification it may find necessary or require to supplement or authenticate the Financial Bid.
4. We acknowledge the right of the State Nodal Agency to reject our Financial Bid or not to select us as the Successful Bidder, without assigning any reason or otherwise and we hereby waive, to the fullest extent permitted by applicable law, our right to challenge the same on any account whatsoever.

5. We acknowledge and confirm that all the undertakings and declarations made by us in our Technical Bid are true, correct and accurate as on the date of opening of our Financial Bid and shall continue to be true, correct and accurate for the entire validity period of our Bid.
6. We acknowledge and declare that the State Nodal Agency is not obliged to return the Financial Bid or any part thereof or any information provided along with the Financial Bid, other than in accordance with the provisions set out in the Tender Documents.
7. We undertake that if there is any change in facts or circumstances during the Bidding Process which may render us liable to disqualification in accordance with the terms of the Tender Documents, we shall advise the State Nodal Agency of the same immediately.
8. We are quoting the following Premium per enrolled Beneficiary Family Unit for IPD and OPD:

Cover	Premium (in ₹)
₹ 30,000 cover per Beneficiary Family Unit to meet hospitalization expenses on a family floater basis)	[insert sum] (Rupees [insert sum in words] only)
₹7,500 per beneficiary Family Unit to meet OPD expenses for Textile Weavers and Artisans	[insert sum] (Rupees [insert sum in words] only)

[Note to Bidders: The Bidders are required to quote the Premium up to two decimal points.]

9. We acknowledge, confirm and undertake that:
 - a. The Premium quoted by us, is inclusive of all costs, expenses, service charges, taxes (including the costs of the issuance of the Smart Cards).
 - b. The terms and conditions of the Tender Documents and the Premium being quoted by us for the implementation of the Scheme are determined on a technically sound basis, are financially viable and sustainable on the basis of information and claims experience available in our records.
10. We hereby irrevocably waive any right or remedy which I/we may have at any stage at law or howsoever arising to challenge the criteria for evaluation of the Financial Bid or question any decision taken by the State Nodal Agency in connection with the evaluation of the Financial Bid, declaration of the Successful Bidder, or in connection with the Bidding Process itself, in respect of the Contract and the terms and implementation thereof.
11. We agree and undertake to abide by all the terms and conditions of the Tender

Documents, including all Addenda, Annexures and Appendices.

12. We have studied the Tender Documents (including all the Addenda, Annexures and Appendices) and all the information made available by or on behalf of the State Nodal Agency carefully. We understand that except to the extent as expressly set forth in the Contract, we shall have no claim, right or title arising out of any documents or information provided to us by the State Nodal Agency or in respect of any matter arising out of or concerning or relating to the Bidding Process.
13. We agree and understand that the Bid is subject to the provisions of the Tender Documents. In no case, shall we have any claim or right against the State Nodal Agency if the Contract are not awarded to us or our Financial Bid is not opened or found to be substantially non-responsive.
14. This Bid shall be governed by and construed in all respects according to the laws for the time being in force in India. The competent courts at **(Insert Name of the State Capital)** will have exclusive jurisdiction in the matter.
15. Capitalized terms which are not defined herein will have the same meaning ascribed to them in the Tender Documents.

In witness thereof, we submit this Financial Bid under and in accordance with the terms of the Tender Documents.

Dated this *[insert]* day of *[insert month]*, 2013

[signature]

In the capacity of ____
[position]

Duly authorized to sign this Bid for and on behalf of ____
[name of Bidder]

Appendix 1 – Exclusions to the RSBY Policy

EXCLUSIONS: (IPD & DAY CARE PROCEDURES)

The Company shall not be liable to make any payment under this policy in respect of any expenses whatsoever incurred by any Insured Person in connection with or in respect of:

1. **Conditions that do not require hospitalization:** Condition that do not require hospitalization and can be treated under Out Patient Care. Out patient Diagnostic, Medical and Surgical procedures or treatments unless necessary for treatment of a disease covered under day care procedures will not be covered.
2. Further expenses incurred at Hospital or Nursing Home primarily for evaluation / diagnostic purposes only during the hospitalized period and expenses on vitamins and tonics etc unless forming part of treatment for injury or disease as certified by the attending physician.
3. Any dental treatment or surgery which is corrective, cosmetic or of aesthetic procedure, filling of cavity, root canal including wear and tear etc. unless arising from disease or injury and which requires hospitalisation for treatment.
4. **Congenital external diseases:** Congenital external diseases or defects or anomalies (Except as given in Appendix 3), Convalescence, general debility, “run down” condition or rest cure.
5. **Drug and Alcohol Induced illness:** Diseases / accident due to and or use, misuse or abuse of drugs / alcohol or use of intoxicating substances or such abuse or addiction etc.
6. **Fertility related procedures:** Any fertility, sub-fertility or assisted conception procedure. Hormone replacement therapy, Sex change or treatment which results from or is in any way related to sex change.
7. **Vaccination:** Vaccination, inoculation or change of life or cosmetic or of aesthetic treatment of any description, plastic surgery other than as may be necessitated due to an accident or as a part of any illness. Circumcision (unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due to any accident),
8. **War, Nuclear invasion:** Injury or disease directly or indirectly caused by or arising from or attributable to War, Invasion, Act of Foreign Enemy, War like operations (whether war be declared or not) or by nuclear weapons / materials.
9. **Suicide:** Intentional self-injury/suicide

EXCLUSIONS UNDER MATERNITY BENEFIT CLAUSE:

The Company shall not be liable to make any payment under this policy in respect of₈₀

any expenses whatsoever incurred by any Insured Person in connection with or in respect of:

- a. Expenses incurred in connection with voluntary medical termination of pregnancy are not covered except induced by accident or other medical emergency to save the life of mother.
- b. Normal hospitalisation period is less than 48 hours from the time of delivery operations associated therewith for this benefit.

Pre-natal expenses under this benefit; however treatment in respect of any complications requiring hospitalisation prior to delivery can be taken care under medical procedures.

Appendix 2 – List of Day Care Procedures

The Insurance Company shall provide coverage for the following day care treatments/ procedures:

- i. Haemo-Dialysis
- ii. Parenteral Chemotherapy
- iii. Radiotherapy
- iv. Eye Surgery
- v. Lithotripsy (kidney stone removal)
- vi. Tonsillectomy
- vii. D&C
- viii. Dental surgery following an accident
- ix. Surgery of Hydrocele
- x. Surgery of Prostrate
- xi. Gastrointestinal Surgeries
- xii. Genital Surgery
- xiii. Surgery of Nose
- xiv. Surgery of Throat
- xv. Surgery of Ear
- xvi. Surgery of Urinary System
- xvii. Treatment of fractures/dislocation (excluding hair line fracture), Contracture releases and minor reconstructive procedures of limbs which otherwise require hospitalisation
- xviii. Laparoscopic therapeutic surgeries that can be done in day care
- xix. Identified surgeries under General Anesthesia.
- xx. Any disease/procedure mutually agreed upon.
- xxi. **Screening and Follow up Care Including medicine cost but without Diagnostic Tests**
- xxii. **Screening and Follow up Care Including medicine cost and basic Diagnostic Tests**

Note:

- i. **The cost of serial number xxi above is Rs. 100 and serial number xxii above is Rs. 150 per visit**
- ii. **One visit will be for upto seven consecutive days**
- iii. **For serial number xxi and xxii the total amount used cannot be more than Rs. 1,500 per family per year. This will be part of Rs. 30,000 limit.**
- iv. **For serial number xxi and xxii transport allowance will not be part of the package rate and will not be paid by the hospital**

Appendix 3 – Provisional/Suggested List for Medical and Surgical Interventions / Procedures In General Ward

These package rates will include bed charges (General ward), Nursing and boarding charges, Surgeons, Anesthetists, Medical Practitioner, Consultants fees, Anesthesia, Blood transfusion, Oxygen, O.T. Charges, Cost of Surgical Appliances, Medicines and Drugs, Cost of Prosthetic Devices, implants, X-Ray and Diagnostic Tests, Food to patient etc. Expenses incurred for diagnostic test and medicines upto 1 day before the admission of the patient and cost of diagnostic test and medicine upto 5 days of the discharge from the hospital for the same ailment / surgery including Transport Expenses will also be the part of package. The package should cover the entire cost of treatment of the patient from date of reporting (1 day Pre hospitalisation) to his discharge from hospital and 5 days after discharge, Transport Expenses and any complication while in hospital, making the transaction truly cashless to the patient.

Medical (Non surgical) hospitalisation procedures means Bacterial meningitis, Bronchitis- Bacterial/Viral, Chicken pox, Dengue fever, Diphtheria, Dysentery, Epilepsy, Filariasis, Food poisoning, Hepatitis, Malaria, Measles, Meningitis, Plague, Pneumonia, Septicemia, Tuberculosis (Extra pulmonary, pulmonary etc), Tetanus, Typhoid, Viral fever, Urinary tract infection, Lower respiratory tract infection and other such procedures requiring hospitalisation etc.

(i). NON SURGICAL(Medical) TREATMENT IN GENERAL WARD	
The package should cover the entire cost of treatment of the patient from date of reporting (1 day Pre hospitalisation) to his discharge from hospital and 5 days after discharge, Transport Expenses of Rs. 100 and any complication while in hospital. Details of what all is included is give in Section 5.2 of Tender document.	Rs. 500 / Per Day.
(ii) IF ADMITTED IN ICU:	
The package should cover the entire cost of treatment of the patient from date of reporting (1 day Pre hospitalisation) to his discharge from hospital and 5 days after discharge, Transport Expenses of Rs. 100 and any complication while in hospital during stay in I.C.U. Details of what all is included is give in Section 5.2 of Tender document.	Rs. 1000 /- Per Day
(iii) SURGICAL PROCEDURES IN GENERAL WARD (NOT SPECIFIED IN PACKAGE):	
The include the entire cost of treatment of the patient from date of reporting (1 day Pre hospitalisation) to his discharge from hospital and 5 days after discharge, Transport Expenses of Rs. 100 and any complication while in hospital. Details of what all is included is give in Section 5.2 of Tender document.	To be negotiated with Insurer before carrying out the procedure
(iv) SURGICAL PROCEDURES IN GENERAL WARD	
The package should cover the entire cost of treatment of the patient from date of reporting (1 day Pre hospitalisation) to his discharge from hospital and 5 days after discharge, Transport Expenses of Rs. 100 and any complication while in hospital. Details of what all is included is give in Section 5.2 of Tender document.	Please refer Package Rates in the following table

SN	Procedure	Group	RSBY pacakage code_updates	ALO S	Proposed package rates
1. DENTAL					
1	Fistulectomy	Dental	FP00100001	1	8500
2	Fixation of fracture of jaw	Dental	FP00100002	2	10000
3	Sequestrectomy	Dental	FP00100003	1	9750
4	Tumour excision	Dental	FP00100004	2	7500
5	Apisectomy including LA	Dental	FP00100005	D	550
6	Complicated Ext. per Tooth including LA	Dental	FP00100006	D	300
7	Cyst under LA (Large)	Dental	FP00100007	D	450
8	Cyst under LA (Small)	Dental	FP00100008	D	300
9	Extraction of tooth including LA	Dental	FP00100009	D	100
10	Flap operation per Tooth	Dental	FP00100010	D	350
11	Fracture wiring including LA	Dental	FP00100011	D	600
12	Gingivectomy per Tooth	Dental	FP00100012	D	250
13	Impacted Molar including LA	Dental	FP00100013	D	550
14	Drainage of parotid abscess	Dental	FP00100014	2	7000
15	Excision of mandible	Dental	FP00100015	7	12000
16	Repair of parotid duct	Dental	FP00100016	7	15000
17	Abscess incision	Dental	FP00100017	D	250
18	All extractions in one Jaw	Dental	FP00100018	D	300
19	Alveolectomy per tooth	Dental	FP00100019	D	250
20	Apical Curettage per tooth	Dental	FP00100020	D	250
21	condylectomy	Dental	FP00100021	D	1500
22	Fistula closure	Dental	FP00100022	D	350
23	ginivectomy full mouth	Dental	FP00100023	2	1500
24	Fracture Jaws closed reduction	Dental	FP00100024	1	500
25	Frenectomy	Dental	FP00100025	D	150
26	growth removal	Dental	FP00100026	3	250
27	Osteotomy	Dental	FP00100027	D	1000
28	Pericoronotomy	Dental	FP00100028	D	200
29	pulpotomy	Dental	FP00100029	D	250
30	Removal of Impaction	Dental	FP00100030	D	250
31	Segmental resection of jaw	Dental	FP00100031	D	1500
32	treatment of malocclusion through wiring	Dental	FP00100032	D	8000
33	treatment Nursing bottle caries (Full mouth)	Dental	FP00100033	D	5000
34	Complete denture	Dental	FP00100034	D	1500
35	Removable partial denture	Dental	FP00100035	D	150
36	Restoration of teeth per tooth	Dental	FP00100036	D	200

37	treatment of gums through scaling (three sittings)	Dental	FP00100037	D	450
38	Root canal treatment per tooth	Dental	FP00100038	D	500
39	Metal crown per cap	Dental	FP00100039	D	200
40	Ceramic crown per cap	Dental	FP00100040	D	600
2. Ear					
41	Aural polypectomy	Ear	FP00200001	1	10000
42	Decompression sac	Ear	FP00200002	2	11500
43	Fenestration	Ear	FP00200003	2	7000
44	Labyrinthectomy	Ear	FP00200004	2	9000
45	Mastoidectomy	Ear	FP00200005	2	13000
46	Mastoidectomy corticol module radical	Ear	FP00200006	3	9000
47	Mastoidectomy With Myringoplasty	Ear	FP00200007	2	9000
48	Mastoidectomy with tympanoplasty	Ear	FP00200008	2	10000
49	Myringoplasty	Ear	FP00200009	2	6000
50	Myringoplasty with Ossiculoplasty	Ear	FP00200010	2	10500
51	Myringotomy - Bilateral	Ear	FP00200011	2	4500
52	Myringotomy - Unilateral	Ear	FP00200012	2	2500
53	Myringotomy with Grommet - One ear	Ear	FP00200013	2	5000
54	Myringotomy with Grommet - Both ear	Ear	FP00200014	2	6500
55	Ossiculoplasty	Ear	FP00200015	2	7500
56	Partial amputation - Pinna	Ear	FP00200016	1	4050
57	Excision of Pinna for Growths (Squamous/Basal) Injuries - Total Amputation & Excision of External Auditory Meatus	Ear	FP00200017	3	8,500
58	Excision of Pinna for Growths (Squamous/Basal) Injuries Total Amputation	Ear	FP00200024	2	5,100
59	Stapedectomy	Ear	FP00200018	2	8000
60	Tympanoplasty	Ear	FP00200019	5	11000
61	Vidian neurectomy - Micro	Ear	FP00200020	3	7000
62	Ear lobe repair - single	Ear	FP00200021	D	1000
63	Excision of Pinna for Growth (Squamous/Basal/ Injuries) Skin and Cartilage	Ear	FP00200022	D	3000
64	Excision of Pinna for Growth (Squamous/Basal/ Injuries) Skin Only	Ear	FP00200023	D	2000
65	Pharyngectomy and reconstruction	Ear	FP00200025	2	12000
66	Skull base surgery	Ear	FP00200026	3	29000

67	Total Amputation & Excision of External Auditory Meatus	Ear	FP00200027	2	6000
68	Total amputation of Pinna	Ear	FP00200028	2	3000
69	Tympanotomy	Ear	FP00200029	2	3000
70	Removal of foreign body from ear	Ear	FP00200030		800
71	Tympanoplasty+ Mastoidectomy	Ear	FP00200031	3	9100
72	Tympanoplasty+ Mastoidectomy cortical module radical	Ear	FP00200032	3	10750
73	Aural polypectomy + Mastoidectomy with tympanoplasty	Ear	FP00200033	3	12500
74	Mastoidectomy cortical module radical+Myringoplasty	Ear	FP00200034	3	11750
75	Tympanoplasty+ Myringoplasty	Ear	FP00200035	3	9100
76	Mastoidectomy +Myringoplasty with ossiculoplasty	Ear	FP00200036	3	10500
77	Mastoidectomy cortical module radical+Myringoplasty with ossiculoplasty	Ear	FP00200037	3	14500
78	Mastoidectomy cortical module radical+Ossiculoplasty	Ear	FP00200038	3	12600
79	Tympanoplasty+ Ossiculoplasty	Ear	FP00200039	3	10150
80	Aural polypectomy +Tympanoplasty	Ear	FP00200040	3	11900
3. Nose					
81	Ant. Ethmoidal artery ligation	Nose	FP00300001	3	12360
82	Antrostomy – Bilateral	Nose	FP00300002	3	6500
83	Antrostomy – Unilateral	Nose	FP00300003	3	4500
84	Caldwell - luc – Bilateral	Nose	FP00300004	2	8000
85	Caldwell - luc- Unilateral	Nose	FP00300005	2	4600
86	Cryosurgery	Nose	FP00300006	2	7200
87	Rhinorrhoea - Repair	Nose	FP00300007	1	5200
88	Dacryocystorhinostomy (DCR)	Nose	FP00300008	1	9300
89	Septoplasty + FESS	Nose	FP00300009	2	10500
90	Ethmoidectomy - External	Nose	FP00300010	2	9200
91	Fracture reduction nose with septal correction	Nose	FP00300011	1	6700
92	Fracture - setting maxilla	Nose	FP00300012	2	8750
93	Fracture - setting nasal bone	Nose	FP00300013	1	4200
94	Functional Endoscopic Sinus (FESS)	Nose	FP00300014	1	9200
95	Intra Nasal Ethmoidectomy	Nose	FP00300015	2	12600

96	Rhinotomy - Lateral	Nose	FP00300016	2	10900
97	Nasal polypectomy - Bilateral	Nose	FP00300017	1	7700
98	Nasal polypectomy - Unilateral	Nose	FP00300018	1	5400
99	Turbinectomy Partial - Bilateral	Nose	FP00300019	3	7200
100	Turbinectomy Partial - Unilateral	Nose	FP00300020	3	4600
101	Radical fronto ethmo sphenodectomy	Nose	FP00300021	5	15500
102	Rhinoplasty	Nose	FP00300022	3	14500
103	Septoplasty	Nose	FP00300023	2	8500
104	Sinus Antroscopy	Nose	FP00300024	1	4600
105	Submucos resection	Nose	FP00300025	1	7500
106	Trans Antral Ethmoidectomy	Nose	FP00300026	2	10800
107	Youngs operation	Nose	FP00300027	2	5600
108	Angiofibrom Exision	Nose	FP00300028	3	14500
109	cranio-facial resection	Nose	FP00300029	2	11800
110	Endoscopic DCR	Nose	FP00300030	1	5600
111	Endoscopic Hypophysectomy	Nose	FP00300031	2	16500
112	Endoscopic sugery	Nose	FP00300032	1	6300
113	Intranasal Diathermy	Nose	FP00300033	1	1800
114	Lateral Rhinotomy	Nose	FP00300034	1	1130
115	Rhinosporosis	Nose	FP00300035	5	14500
116	Septo-rhinoplasty	Nose	FP00300036	2	6600
117	Removal of FB from nose	Nose	FP00300037	D	900
118	Adeno tonsillectomy + Aural polypectomy	Nose	FP00300038	D	11000
119	Septoplasty + Functional Endoscopic Sinus (FESS)	Nose	FP00300039	D	13500
120	Ant. Ethmoidal artery ligation+ Intra nasal ethmoidectomy	Nose	FP00300040	2	14500
121	Ant. Ethmoidal artery ligation+Nasal polypectomy - Bilateral	Nose	FP00300041	3	13750
122	Functional Endoscopic Sinus (FESS) + Nasal polypectomy - Unilateral	Nose	FP00300042	3	10250
123	Ant. Ethmoidal artery ligation+ Rhinoplasty	Nose	FP00300043	5	16500
124	Antrostomy – Bilateral+ Septoplasty	Nose	FP00300044	3	8050
125	Ant. Ethmoidal artery ligation+Functional Endoscopic Sinus (FESS)	Nose	FP00300045	3	14500
4. Throat					
126	Adeno Tonsillectomy	Throat	FP00400001	1	6000
127	Adenoidectomy	Throat	FP00400002	1	4000
128	Arytenoidectomy	Throat	FP00400003	2	15000
129	Choanal atresia	Throat	FP00400004	2	10000

130	Tonsillectomy + Myrinogotomy	Throat	FP00400005	3	10000
131	Pharyngeal diverticulum's - Excision	Throat	FP00400006	2	12000
132	Laryngectomy	Throat	FP00400007	2	15750
133	Laryngofissure	Throat	FP00400012	2	3500
134	Laryngopharyngectomy	Throat	FP00400019	2	13500
135	Maxilla - Excision	Throat	FP00400008	2	10000
136	Oro Antral fistula	Throat	FP00400009	2	10000
137	Parapharyngeal - Exploration	Throat	FP00400010	2	10000
138	Parapharyngeal Abscess - Drainage	Throat	FP00400011	2	15000
139	peritonsillar abscess under LA	Throat	FP00400025	D	1500
140	Excision of Pharyngeal Diverticulum	Throat	FP00400028		9500
141	Pharyngoplasty	Throat	FP00400013	2	11000
142	Release of Tongue tie	Throat	FP00400014	1	2500
143	Retro pharyngeal abscess - Drainage	Throat	FP00400015	D	4000
144	Styloidectomy - Both side	Throat	FP00400016	3	7500
145	Styloidectomy - One side	Throat	FP00400017	3	10000
146	Tonsillectomy + Styloidectomy	Throat	FP00400018	2	12500
147	Thyroglossal Fistula - Excision	Throat	FP00400020	3	9000
148	Tonsillectomy - Bilateral	Throat	FP00400021	1	7000
149	Tonsillectomy - Unilateral	Throat	FP00400022	1	5500
150	Total Parotidectomy	Throat	FP00400023	2	15000
151	Uvulopharyngo Plasty	Throat	FP00400024	2	11000
152	Cleft palate repair	Throat	FP00400026	2	8000
153	Commondo Operation (glossectomy)	Throat	FP00400027	5	14000
154	Excision of Branchial Cyst	Throat	FP00400029	5	7000
155	Excision of Branchial Sinus	Throat	FP00400030	5	5500
156	Excision of Cystic Hygroma Extensive	Throat	FP00400031	5	7500
157	Excision of Cystic Hygroma Major	Throat	FP00400032	5	4500
158	Excision of Cystic Hygroma Minor	Throat	FP00400033	3	3000
159	Excision of the Mandible Segmental	Throat	FP00400034	5	3000
160	Hemiglossectomy	Throat	FP00400036	5	4500
161	Hemimandibulectomy	Throat	FP00400037	5	11000
162	Palatopharyngoplasty	Throat	FP00400038	2	14000
163	Parotidectomy - Conservative	Throat	FP00400039	5	7000
164	Parotidectomy - Radical Total	Throat	FP00400040	5	15000
165	Parotidectomy - Superficial	Throat	FP00400041	5	9500

166	Partial Glossectomy	Throat	FP00400042	5	3500
167	Ranula excision	Throat	FP00400043	3	4000
168	Removal of Submandibular Salivary gland	Throat	FP00400044	5	5500
169	Total Glossectomy	Throat	FP00400046	5	14000
170	Cheek Advancement	Throat	FP00400047	5	9000
171	Adeno tonsillectomy+Aural polypectomy	Throat	FP00400035	5	13500
172	Adenoidectomy+Aural polypectomy	Throat	FP00400045	4	13500
173	Adeno tonsillectomy+choanal atersia	Throat	FP00400048	5	13000
174	Appendicectomy + Cholecystectmy	Throat	FP00400049	7	14500
175	adenolysis + Cholecystectmy	Throat	FP00400050	7	22000
176	Adeno tonsillectomy+Nasal polypectomy - Bilatera	Throat	FP00400051	5	9450
177	Adenoidectomy+Tonsillec tomy - Bilateral	Throat	FP00400052	5	8250
178	Adenoidectomy+ Tonsillectomy + Myrinogotomy	Throat	FP00400053	5	9800
179	polyp removal under LA	Throat	FP00400054	1	1250
5. General Surgery					
180	Abdomino Perineal Resection	General Surgery	FP00500001	3	17500
181	Adventious Burse - Excision	General Surgery	FP00500002	3	8750
182	Anterior Resection for CA	General Surgery	FP00500003	5	10000
183	Appendicectomy	General Surgery	FP00500004	2	6000
184	Appendicular Abscess - Drainage	General Surgery	FP00500005	2	7000
185	Arteriovenous (AV) Malformation of Soft Tissue Tumour - Excision	General Surgery	FP00500006	3	17000
186	Bakers Cyst - Excision	General Surgery	FP00500008	3	5000
187	Bilateral Inguinal block dissection	General Surgery	FP00500009	3	13000
188	Bleeding Ulcer - Gastrectomy & vagotomy	General Surgery	FP00500010	5	17000
189	Bleeding Ulcer - Partial gastrectomy	General Surgery	FP00500011	5	15000
190	Block dissection Cervical Nodes	General Surgery	FP00500012	3	15750
191	Branchial Fistula	General Surgery	FP00500013	3	13000
192	Breast Lump - Left - Excision	General Surgery	FP00500015	2	5000
193	Breast Lump - Right - Excision	General Surgery	FP00500016	2	5000
194	Bronchial Cyst	General Surgery	FP00500018	3	5000
195	Bursa - Excision	General Surgery	FP00500019	3	7000

196	Bypass - Inoprablaca of Pancreas	General Surgery	FP00500020	5	20400
197	Caecopexy	General Surgery	FP00500021	3	13000
198	Carbuncle back	General Surgery	FP00500022	1	3500
199	Cavernostomy	General Surgery	FP00500023	5	13000
200	Cervial Lymphnodes - Excision	General Surgery	FP00500024	2	2500
201	Colocystoplasty	General Surgery	FP00500027	5	15000
202	Colostomy	General Surgery	FP00500028	5	12500
203	Cyst over Scrotum - Excision	General Surgery	FP00500031	1	4000
204	Cystic Mass - Excision	General Surgery	FP00500032	1	2000
205	Dermoid Cyst - Large - Excision	General Surgery	FP00500033	D	2500
206	Dermoid Cyst - Small - Excision	General Surgery	FP00500034	D	1500
207	Distal Pancreatectomy with Pancreatico Jejunostomy	General Surgery	FP00500035	7	17000
208	Diverticulectomy	General Surgery	FP00500036	3	15000
209	Dorsal Slit and Reduction of Paraphimosis	General Surgery	FP00500037	D	1500
210	Drainage of Ischio Rectal Abscess	General Surgery	FP00500038	1	4000
211	Incision and Drainage of large Abscess	General Surgery	FP00500039	D	1500
212	Drainage of Peripherally Gastric Abscess	General Surgery	FP00500040	3	8000
213	Drainage of Psoas Abscess	General Surgery	FP00500041	2	6000
214	Drainage of Subdiaphragmatic Abscess	General Surgery	FP00500042	3	8000
215	Drainage Pericardial Effusion	General Surgery	FP00500043	7	11000
216	Duodenal Diverticulum	General Surgery	FP00500044	5	15000
217	Duodenal Jejunostomy	General Surgery	FP00500045	5	15000
218	Duodenectomy	General Surgery	FP00500046	7	20000
219	Dupcryn's (duputryen's contracture ?]	General Surgery	FP00500047	7	13000
220	Duplication of Intestine	General Surgery	FP00500048	8	17000
221	Hydrocelectomy + Orchidectomy	General Surgery	FP00500049	2	7000
222	Epidedectomy	General Surgery	FP00500050	3	8000
223	Epididymal Swelling - Excision	General Surgery	FP00500051	2	5500
224	Epidymal Cyst	General Surgery	FP00500052	D	3000
225	Evacuation of Scrotal Hematoma	General Surgery	FP00500053	2	5000
226	Excision Benign Tumor - Small intestine	General Surgery	FP00500054	5	15000
227	Excision Bronchial Sinus	General Surgery	FP00500055	D	8000
228	Excision and drainage of liver Abscess	General Surgery	FP00500056	3	13000
229	Excision Filarial Scrotum	General Surgery	FP00500057	3	8750
230	Excision Mammary	General Surgery	FP00500058	2	5500

	Fistula				
231	Excision Meckel's Diverticulum	General Surgery	FP00500059	3	15000
232	Excision Pilonidal Sinus	General Surgery	FP00500060	2	8250
233	Excision Small Intestinal Fistulla	General Surgery	FP00500061	5	12000
234	Excision of Large Growth from Tongue	General Surgery	FP00500063	3	5000
235	Excision of Small Growth from Tongue	General Surgery	FP00500064	D	1500
236	Excision of Swelling in Right Cervial Region	General Surgery	FP00500065	1	4000
237	Excision of Large Swelling in Hand	General Surgery	FP00500066	D	2500
238	Excision of Small Swelling in Hand	General Surgery	FP00500067	D	1500
239	Excision of Neurofibroma	General Surgery	FP00500068	3	7000
240	Excision of Siniuds and Curetage	General Surgery	FP00500069	2	7000
241	Facial Decompression	General Surgery	FP00500070	5	15000
242	Fibro Lipoma of Right Sided Spermatic with Lord Excision	General Surgery	FP00500071	1	2500
243	Fibroadenoma - Bilateral	General Surgery	FP00500072	2	7500
244	Fibrodenoma - Unilateral	General Surgery	FP00500073	2	6500
245	Fibroma - Excision	General Surgery	FP00500074	2	7000
246	Fissurectomy	General Surgery	FP00500075	2	7000
247	Fissurectomy and Haemorrhoidectomy	General Surgery	FP00500076	2	11250
248	Fissurectomy with Eversion of Sac - Bilateral	General Surgery	FP00500077	2	8750
249	Fissurectomy with Sphincterotomy	General Surgery	FP00500078	2	9000
250	Fistula Repair	General Surgery	FP00500079	2	5000
251	Foreign Body Removal in Deep Region	General Surgery	FP00500081	2	3000
252	Fulguration	General Surgery	FP00500082	2	5000
253	Fundoplication	General Surgery	FP00500083	3	15750
254	G J Vagotomy	General Surgery	FP00500084	5	15000
255	Vagotomy	General Surgery	FP00500085	3	12000
256	Ganglion - large - Excision	General Surgery	FP00500086	1	3000
257	Ganglion (Dorsum of Both Wrist) - Excision	General Surgery	FP00500087	1	4000
258	Ganglion - Small - Excision	General Surgery	FP00500088	D	1000
259	Gastro jejunal ulcer	General Surgery	FP00500089	5	10000
260	Gastro jejuno Colic Fistula	General Surgery	FP00500090	5	12500
261	Gastrojejunostomy	General Surgery	FP00500091	5	15000
262	Gastrotomy	General Surgery	FP00500092	7	15000
263	Graham's Operation	General Surgery	FP00500093	5	12500
264	Granuloma - Excision	General Surgery	FP00500094	1	4000
265	Growth - Excision	General Surgery	FP00500095	D	1800

266	Haemangioma - Excision	General Surgery	FP00500096	3	7000
267	Haemorrhage of Small Intestine	General Surgery	FP00500097	3	15000
268	Hemi Glossectomy	General Surgery	FP00500098	3	10000
269	Hemithyoplasty	General Surgery	FP00500101	3	12000
270	Hepatic Resection (lobectomy)	General Surgery	FP00500102	7	15000
271	Hernia - Epigastric	General Surgery	FP00500103	3	10000
272	Hernia - Incisional	General Surgery	FP00500104	3	12250
273	Hernia - Repair & release of obstruction	General Surgery	FP00500105	3	10000
274	Hernia - Umbilical	General Surgery	FP00500106	3	8450
275	Hernia - Ventral - Lipectomy/Incisional	General Surgery	FP00500107	3	10500
276	Hernia - Femoral	General Surgery	FP00500108	3	7000
277	Hernioplasty	General Surgery	FP00500109	3	7000
278	Herniorraphy and Hydrocelectomy Sac Excision	General Surgery	FP00500110	3	10500
279	Hernia - Hiatus - abdominal	General Surgery	FP00500111	5	14500
280	Hydatid Cyst of Liver	General Surgery	FP00500112	3	10000
281	Nodular Cyst	General Surgery	FP00500113	D	3000
282	Hydrocelectomy+Hernioplasty - Excision	General Surgery	FP00500115	3	9000
283	Hydrocele - Excision - Unilateral	General Surgery	FP00500116	2	3750
284	Hydrocele - Excision - Bilateral	General Surgery	FP00500117	2	5000
285	Ileio Sigmoidostomy	General Surgery	FP00500118	5	13000
286	Infected Bunion Foot - Excision	General Surgery	FP00500119	1	4000
287	Inguinal Node (bulk dissection) axial	General Surgery	FP00500120	2	10000
288	Intestinal perforation	General Surgery	FP00500121	6	9000
289	Intestinal Obstruction	General Surgery	FP00500122	6	9000
290	Intussusception	General Surgery	FP00500123	7	12500
291	Jejunostomy	General Surgery	FP00500124	6	10000
292	Closure of Perforation	General Surgery	FP00500125	5	9000
293	Cysto Reductive Surgery	General Surgery	FP00500126	3	7000
294	Gastric Perforation	General Surgery	FP00500127	6	12500
295	Intestinal Perforation (Resection Anastomosis)	General Surgery	FP00500128	5	11250
296	Appendicular Perforation	General Surgery	FP00500129	5	9500
297	Burst Abdomen Obstruction	General Surgery	FP00500130	7	11000
298	Closure of Hollow Viscus Perforation	General Surgery	FP00500131	5	13500
299	Laryngectomy & Pharyngeal Diverticulum (Throat)	General Surgery	FP00500132	3	10000
300	Anorectoplasty	General Surgery	FP00500133	2	14000
301	Laryngectomy with Block Dissection (Throat)	General Surgery	FP00500134	3	12000

302	Laryngo Fissure (Throat)	General Surgery	FP00500135	3	12500
303	Laryngopharyngectomy (Throat)	General Surgery	FP00500136	3	12000
304	Ileostomy	General Surgery	FP00500137	7	17500
305	Lipoma	General Surgery	FP00500138	D	2000
306	Loop Colostomy Sigmoid	General Surgery	FP00500139	5	12000
307	Lords Procedure (haemorrhoids)	General Surgery	FP00500140	2	5000
308	Lumpectomy - Excision	General Surgery	FP00500141	2	7000
309	Mastectomy	General Surgery	FP00500142	2	9000
310	Mesenteric Cyst - Excision	General Surgery	FP00500143	3	9000
311	Mesenteric Caval Anastomosis	General Surgery	FP00500144	5	10000
312	Microlaryngoscopic Surgery	General Surgery	FP00500145	3	12500
313	Oeshophagoscopy for foreign body removal	General Surgery	FP00500146	D	6000
314	Oesophagectomy	General Surgery	FP00500147	5	14000
315	Oesophagus Portal Hypertension	General Surgery	FP00500148	5	18000
316	Pelvic Abscess - Open Drainage	General Surgery	FP00500149	5	8000
317	Orchidectomy	General Surgery	FP00500150	2	5500
318	Orchidectomy + Herniorraphy	General Surgery	FP00500151	3	7000
319	Orchidopexy	General Surgery	FP00500152	5	6000
320	Orchidopexy with Circumcision	General Surgery	FP00500153	5	9750
321	Orchidopexy With Eversion of Sac	General Surgery	FP00500154	5	8750
322	Orchidopexy with Herniotomy	General Surgery	FP00500155	5	14875
323	Pancreatrico Deodeneotomy	General Surgery	FP00500157	6	13750
324	Papilloma Rectum - Excision	General Surgery	FP00500158	2	3500
325	Haemorroidectomy+ Fistulectomy	General Surgery	FP00500159	2	7000
326	Phytomatous Growth in the Scalp - Excision	General Surgery	FP00500160	1	3125
327	Porto Caval Anastomosis	General Surgery	FP00500161	5	12000
328	Pyeloplasty	General Surgery	FP00500162	5	11000
329	Radical Mastectomy	General Surgery	FP00500163	2	12500
330	Radical Neck Dissection - Excision	General Surgery	FP00500164	6	18750
331	Hernia - Spigelian	General Surgery	FP00500165	3	12250
332	Rectal Dilation	General Surgery	FP00500166	1	4500
333	Prolapse of Rectal Mass - Excision	General Surgery	FP00500167	2	8000
334	Rectopexy	General Surgery	FP00500169	3	10000
335	Repair of Common Bile Duct	General Surgery	FP00500170	3	12500
336	Resection Anastomosis (Large Intestine)	General Surgery	FP00500171	8	15000

337	Resection Anastomosis (Small Intestine)	General Surgery	FP00500172	8	15000
338	Retroperitoneal Tumor - Excision	General Surgery	FP00500173	5	15750
339	Haemorrhoidectomy	General Surgery	FP00500174	2	5000
340	Salivary Gland - Excision	General Surgery	FP00500175	3	7000
341	Sebaceous Cyst - Excision	General Surgery	FP00500176	D	1200
342	Segmental Resection of Breast	General Surgery	FP00500177	2	10000
343	Scrotal Swelling (Multiple) - Excision	General Surgery	FP00500178	2	5500
344	Sigmoid Diverticulum	General Surgery	FP00500179	7	15000
345	Simple closure - Peptic perforation	General Surgery	FP00500180	6	11000
346	Sinus - Excision	General Surgery	FP00500181	2	5000
347	Soft Tissue Tumor - Excision	General Surgery	FP00500182	3	4000
348	Spindle Cell Tumor - Excision	General Surgery	FP00500183	3	7000
349	Splenectomy	General Surgery	FP00500184	10	23000
350	Submandibular Lymphs - Excision	General Surgery	FP00500185	2	4500
351	Submandibular Mass Excision + Reconstruction	General Surgery	FP00500186	5	15000
352	Superficial Parodectomy	General Surgery	FP00500188	5	10000
353	Swelling in Rt and Lt Foot - Excision	General Surgery	FP00500189	1	2400
354	Swelling Over Scapular Region	General Surgery	FP00500190	1	4000
355	Terminal Colostomy	General Surgery	FP00500191	5	12000
356	Thyoplasty	General Surgery	FP00500192	5	11000
357	Coloectomy - Total	General Surgery	FP00500193	6	15000
358	Cystectomy - Total	General Surgery	FP00500194	6	10000
359	Pharyngectomy & Reconstruction - Total	General Surgery	FP00500196	6	13000
360	Tracheal Stenosis (End to end Anastomosis) (Throat)	General Surgery	FP00500197	6	15000
361	Tracheoplasty (Throat)	General Surgery	FP00500198	6	15000
362	Transverse Colostomy	General Surgery	FP00500199	5	12500
363	Umbilical Sinus - Excision	General Surgery	FP00500200	2	5000
364	Vagotomy & Drainage	General Surgery	FP00500201	5	15000
365	Vagotomy & Pyloroplasty	General Surgery	FP00500202	6	15000
366	Varicose Veins - Excision and Ligation	General Surgery	FP00500203	3	7000
367	Vasco Vasostomy	General Surgery	FP00500204	3	11000
368	Volvulus of Large Bowel	General Surgery	FP00500205	4	15000
369	Warren's Shunt	General Surgery	FP00500206	6	15000
370	Abbe Operation	General Surgery	FP00500207	3	7500
371	Aneurysm not Requiring Bypass Techniques	General Surgery	FP00500208	5	28000
372	Aneurysm Resection & Grafting	General Surgery	FP00500209	D	29000
373	Aorta-Femoral Bypass	General Surgery	FP00500210	D	25000

374	Arterial Embolectomy	General Surgery	FP00500211	D	20000
375	Aspiration of Empyema	General Surgery	FP00500212	3	1500
376	Benign Tumour of intestine Excisions	General Surgery	FP00500213	3	8500
377	Carotid artery aneurism	General Surgery	FP00500214	7	28000
378	Carotid Body Excision	General Surgery	FP00500215	6	14500
379	Cholecystectomy & Exploration of CBD	General Surgery	FP00500216	7	11500
380	Cholecystostomy	General Surgery	FP00500217	7	9000
381	Congenital Arteriovenous Fistula	General Surgery	FP00500218	D	21000
382	Decortication (Pleurectomy)	General Surgery	FP00500219	D	16500
383	Diagnostic Laproscopy	General Surgery	FP00500220	D	4000
384	Dissecting Aneurysms	General Surgery	FP00500221	D	28000
385	Distal Abdominal Aorta	General Surgery	FP00500222	D	22500
386	Dressing under GA	General Surgery	FP00500223	D	1500
387	Estlander Operation	General Surgery	FP00500224	3	6500
388	Examination under Anesthesia	General Surgery	FP00500225	1	1500
389	Excision and Skin Graft of Venous Ulcer	General Surgery	FP00500226	D	10500
390	Excision of Corns	General Surgery	FP00500227	D	250
391	Excision of Moles	General Surgery	FP00500229	D	300
392	Excision of Molluscumcontagiosum	General Surgery	FP00500230	D	350
393	Excision of Parathyroid Adenoma/Carcinoma	General Surgery	FP00500231	5	13500
394	Excision of Sebaceous Cysts	General Surgery	FP00500232	D	1200
395	Excision of Superficial Lipoma	General Surgery	FP00500233	D	1500
396	Excision of Superficial Neurofibroma	General Surgery	FP00500234	D	300
397	Excision of Thyroglossal Cyst/Fistula	General Surgery	FP00500235	3	7000
398	Femoropopliteal by pass procedure	General Surgery	FP00500238	7	23500
399	Flap Reconstructive Surgery	General Surgery	FP00500239	D	22500
400	Free Grafts - Large Area 10%	General Surgery	FP00500240	D	5000
401	Free Grafts - Theirech-Small Area 5%	General Surgery	FP00500241	D	4000
402	Free Grafts - Very Large Area 20%	General Surgery	FP00500242	D	7500
403	Free Grafts - Wolfe Grafts	General Surgery	FP00500243	10	8000
404	Haemorrhoid - injection	General Surgery	FP00500244	D	500
405	Hemithyroidectomy	General Surgery	FP00500245	D	8000
406	Intrathoracic Aneurysm - Aneurysm not Requiring Bypass Techniques	General Surgery	FP00500246	7	16440
407	Intrathoracic Aneurysm - Requiring Bypass Techniques	General Surgery	FP00500247	7	17460

408	Isthmectomy	General Surgery	FP00500248	5	7000
409	Laaprosopic Hernia Repair	General Surgery	FP00500249	3	13000
410	Lap. Assisted left Hemicolectomy	General Surgery	FP00500250	5	17000
411	Lap. Assisted Right Hemicolectomy	General Surgery	FP00500251	3	17000
412	Lap. Assisted small bowel resection	General Surgery	FP00500252	3	14000
413	Lap. Assisted Total Colectomy	General Surgery	FP00500253	5	19500
414	Lap. Cholecystectomy & CBD exploration	General Surgery	FP00500254	5	15000
415	Lap. For intestinal obstruction	General Surgery	FP00500255	5	14000
416	Lap. Hepatic resection	General Surgery	FP00500256	5	17300
417	Lap. Hydatid of liver surgery	General Surgery	FP00500257	5	15200
418	Laprosopic Adhesiolysis	General Surgery	FP00500258	5	11000
419	Laprosopic Adrenalectomy	General Surgery	FP00500259	5	12000
420	Laprosopic Appenjdicectomy	General Surgery	FP00500260	3	9500
421	Laprosopic Cholecystectomy	General Surgery	FP00500261	5	12000
422	Laprosopic Coliatomus	General Surgery	FP00500262	5	17000
423	Laprosopic cystogastrostomy	General Surgery	FP00500263	5	15000
424	Laprosopic donor Nephroctomy	General Surgery	FP00500264	5	15000
425	Laprosopic Gastrostomy	General Surgery	FP00500266	5	10500
426	Laprosopic Hiatus Hernia Repair	General Surgery	FP00500267	5	17000
427	Laprosopic Pyelolithotomy	General Surgery	FP00500268	5	15000
428	Laprosopic Pyloromyotomy	General Surgery	FP00500269	5	12500
429	Laprosopic Rectopexy	General Surgery	FP00500270	5	15000
430	Laprosopic Spleenectomy	General Surgery	FP00500271	5	12000
431	Laprosopic Thyroidectomy	General Surgery	FP00500272	5	12000
432	Laprosopic umbilical hernia repair	General Surgery	FP00500273	5	14000
433	Laprosopic ureterolithotomy	General Surgery	FP00500274	5	14000
434	Laprosopic ventral hernia repair	General Surgery	FP00500275	5	14000
435	Laprotomy-peritonitis lavage and drainage	General Surgery	FP00500276	7	7000
436	Ligation of Ankle Perforators	General Surgery	FP00500277	3	10500
437	Lymphatics Excision of Subcutaneous Tissues In Lymphoedema	General Surgery	FP00500278	3	8000
438	Repai of Main Arteries of the Limbs	General Surgery	FP00500279	5	28000

439	Mediastinal Tumour	General Surgery	FP00500280	D	23000
440	Oesophagectomy for Carcinoma Easophagus	General Surgery	FP00500281	7	20000
441	Operation for Bleeding Peptic Ulcer	General Surgery	FP00500282	5	14000
442	Operation for Carcinoma Lip - Vermilionectomy	General Surgery	FP00500283	7	7200
443	Operation for Carcinoma Lip - Wedge Excision and Vermilionectomy	General Surgery	FP00500284	7	8250
444	Operation for Carcinoma Lip - Wedge-Excision	General Surgery	FP00500285	7	7750
445	Appendicectomy - Appendicular Abscess - Drainage	General Surgery	FP005000007	5	9500
446	Caecostomy	General Surgery	FP00500014	5	6500
447	Closure of Colostomy	General Surgery	FP00500017	5	12500
448	Coccygeal Teratoma Excision	General Surgery	FP00500025		15,300
449	Colostomy - Loop Colostomy Transverse Sigmoid	General Surgery	FP00500026		11,900
450	Congenital Atresia & Stenosis of Small Intestine	General Surgery	FP00500029		15,500
451	Cystojejunostomy/or Cystogastrostomy	General Surgery	FP00500030		17500
452	Direct Operation on Oesophagus for Portal Hypertension	General Surgery	FP00500062		19,890
453	Drainage of perinephric abscess	General Surgery	FP00500080	5	8500
454	drainage of perivertibral abscess	General Surgery	FP00500099	5	7000
455	Excision and removal of superficial cysts	General Surgery	FP00500100	D	750
456	Excision I/D Injection keloid or Acne (per site)	General Surgery	FP00500114	D	250
457	Foreign Body Removal in Superficial	General Surgery	FP00500156	D	850
458	Gastrojejunostomy and vagotomy	General Surgery	FP00500168		15500
459	hernia -hiatus- Tranthorasic	General Surgery	FP00500187	5	15500
460	Incision and Drainage of small abscess	General Surgery	FP00500228	D	750
461	Intercostal drainage	General Surgery	FP00500265	3	1500
462	operation for carcinoma lip- cheek advancement	General Surgery	FP00500283	7	9250
463	thymectomy	General Surgery	FP00500335		23000
464	Operation for Gastrojejunal Ulcer	General Surgery	FP00500286	5	13000
465	Operation of Choledochal Cyst	General Surgery	FP00500287	7	12500
466	Operations for Acquired Arteriovenous Fistula	General Surgery	FP00500288	7	19500
467	Operations for Replacement of Oesophagus by Colon	General Surgery	FP00500289	7	21000

468	Operations for Stenosis of Renal Arteries	General Surgery	FP00500290	7	24000
469	Parapharyngeal Tumour Excision	General Surgery	FP00500292	7	11000
470	Partial Pericardectomy	General Surgery	FP00500293	8	14500
471	Partial Thyroidectomy	General Surgery	FP00500294	7	8000
472	Partial/Subtotal Gastrectomy for Carcinoma	General Surgery	FP00500295	7	15500
473	Partial/Subtotal Gastrectomy for Ulcer	General Surgery	FP00500296	7	15500
474	Patch Graft Angioplasty	General Surgery	FP00500297	8	17000
475	Pericardiostomy	General Surgery	FP00500298	10	25000
476	Peritoneal dialysis	General Surgery	FP00500299	1	1500
477	Phimosis Under LA	General Surgery	FP00500300	D	1000
478	Pneumonectomy	General Surgery	FP00500301	8	20000
479	Portocaval Anastomosis	General Surgery	FP00500302	9	22000
480	Removal of Foreign Body from Trachea or Oesophagus	General Surgery	FP00500303	1	2500
481	Removal Tumours of Chest Wall	General Surgery	FP00500304	8	12500
482	Renal Artery aneurysm and dissection	General Surgery	FP00500305	8	28000
483	Procedures Requiring Bypass Techniques	General Surgery	FP00500306	8	28000
484	Resection Enucleation of Adenoma	General Surgery	FP00500307	7	7500
485	Rib Resection & Drainage	General Surgery	FP00500308	5	7500
486	Skin Flaps - Rotation Flaps	General Surgery	FP00500309	3	5000
487	Soft Tissue Sarcoma	General Surgery	FP00500310	5	12500
488	Splenectomy - For Hypersplenism	General Surgery	FP00500311	8	18000
489	Splenectomy - For Trauma	General Surgery	FP00500312	8	18000
490	Splenorenal Anastomosis	General Surgery	FP00500313	8	20000
491	Superficial Veriscosity	General Surgery	FP00500314	3	2500
492	Surgery for Arterial Aneurysm Carotid	General Surgery	FP00500315	8	15000
493	Surgery for Arterial Aneurysm Renal Artery	General Surgery	FP00500316	6	15000
494	Surgery for Arterial Aneurysm Spleen Artery	General Surgery	FP00500317	7	15000
495	Surgery for Arterial Aneurysm -Vertebral	General Surgery	FP00500318	7	20520
496	Suturing of wounds with local anesthesia	General Surgery	FP00500319	D	200
497	Suturing without local anesthesia	General Surgery	FP00500320	D	100
498	Sympathetectomy - Cervical	General Surgery	FP00500321	5	2500
499	Sympathetectomy - Lumbar	General Surgery	FP00500322	5	11500
500	Temporal Bone resection	General Surgery	FP00500323	5	11500
501	Temporary Pacemaker	General Surgery	FP00500324	5	10000

	Implantation				
502	Thorachostomy	General Surgery	FP00500325	5	7500
503	Thoracocentesis	General Surgery	FP00500326	5	1200
504	Thoracoplasty	General Surgery	FP00500327	7	20500
505	Thoracoscopic Decortication	General Surgery	FP00500328	7	19500
506	Thoracoscopic Hydatid Cyst excision	General Surgery	FP00500329	7	16500
507	Thoracoscopic Lebeotomy	General Surgery	FP00500330	7	19500
508	Thoracoscopic Pneumonectomy	General Surgery	FP00500331	7	22500
509	Thoracoscopic Segmental Resection	General Surgery	FP00500332	7	18500
510	Thoracoscopic Sympathectomy	General Surgery	FP00500333	7	16500
511	Thrombendarterectomy	General Surgery	FP00500334	7	23500
512	Thorax (penetrating wounds)	General Surgery	FP00500336	7	10000
513	Total Laryngectomy	General Surgery	FP00500337	7	17500
514	Total Thyroidectomy and Block Dissection	General Surgery	FP00500339	10	16500
515	Trendelenburg Operation	General Surgery	FP00500340	5	10500
516	Urthelial Dilatation	General Surgery	FP00500341	D	500
517	Vagotomy Pyloroplasty / Gastro Jejunostomy	General Surgery	FP00500342	6	11000
518	Varicose veins - injection	General Surgery	FP00500343	D	500
519	Vasectomy	General Surgery	FP00500344	D	1500
520	Subtotal Thyroidectomy (Toxic Goitre)	General Surgery	FP00500345	5	12000
521	Debridement of Ulcer-Leprosy	General Surgery	FP00500324	7	9000
522	Tissue Reconstruction Flap Leprosy	General Surgery	FP00500335	10	22000
523	Tendon Transfer-Leprosy	General Surgery	FP00500338	10	22000
524	Excision of Veneral Warts	General Surgery	FP00500346	D	250
525	Excision of Warts	General Surgery	FP00500347	d	350
526	Chemical Cautery Wart excision (per sitting)	General Surgery	FP00500348	d	100
527	Adhenolysis + Appendicectomy	General Surgery	FP00500349	5	17500
528	Haemorrhoidectomy + Fistulectomy	General Surgery	FP00500350	5	12000
529	cleft lip	General Surgery	FP00500291	2	2500
530	cleft lip and palate	General Surgery	FP00500351	5	10000
531	Hernia - Repair & release of obstruction+Hydrocele - Excision - Bilateral	General Surgery	FP00500352	5	10500
532	Hernia - Repair & release of obstruction+Hydrocele - Excision - Unilateral	General Surgery	FP00500353	5	9750
533	Hernia - Repair & release of obstruction+Hernioplasty	General Surgery	FP00500354	5	11900
534	Hydrocele - Excision - Bilateral + Hernioplasty	General Surgery	FP00500355	3	8500

535	Hydrocele - Excision - Unilateral + Hernioplasty	General Surgery	FP00500356	3	8250
536	Hydrocele - Excision - Bilateral + Cyst over Scrotum - Excision	General Surgery	FP00500357	3	7250
537	Hydrocele - Excision - unilateral + Cyst over Scrotum - Excision	General Surgery	FP00500358	3	6500
538	Appendicular Perforation +Hysterectomy - abdominal*	General Surgery	FP00500359	7	14500
539	Caecopexy+Hysterectomy - abdominal*	General Surgery	FP00500360	5	16500
540	Cholecystectomy + Hysterectomy - abdominal*	General Surgery	FP00500361	7	16500
541	Cholecystectomy & exploration +Hysterectomy - abdominal*	General Surgery	FP00500362	7	16500
542	Cystocele - Anterior repair+ Hysterectomy - abdominal*	General Surgery	FP00500363	5	1500
543	Fissurectomy and Haemorrhoidectomy+ Hysterectomy - Abdominal*	General Surgery	FP00500364	5	15250
544	Hysterectomy with bilateral salpingo ooperectomy+Adhenolysis*	General Surgery	FP00500365	7	20450
545	Hysterectomy with bilateral salpingo ooperectomy+Appendicectomy*	General Surgery	FP00500366	5	12250
546	Skin Grafting + Fasciotomy	General Surgery	FP00500367	7	13650
547	Hernioplasty + Orchidectomy	General Surgery	FP00500368	5	8750
548	Appendicectomy + Ovarian Cystectomy	General Surgery	FP00500369	5	10150
549	Appendicular Perforation +Ovarian Cystectomy	General Surgery	FP00500370	5	13500
550	Fissurectomy and Haemorrhoidectomy+ Rectal Dilation	General Surgery	FP00500371	3	9500
551	Rectal Dilation + Rectal Polyp	General Surgery	FP00500372	3	5750
552	Cholecystectomy & exploration + Repair of Common Bile Duct	General Surgery	FP00500373	7	17750
553	Cholecystectomy + Caecopexy	General Surgery	FP00500374	7	18000
554	Cholecystectomy & exploration + Adhenolysis	General Surgery	FP00500375	7	23650
555	Fissurectomy +Fistulectomy	General Surgery	FP00500376	5	12500
556	Removal of foreign body (from skin/muscle)	General Surgery	FP00500377	D	450
557	Aspiration of cold	General Surgery	FP00500378	D	2,040

	Abscess of Lymphnode				
558	Aspiration of Empyema	General Surgery	FP00500379	D	1,700
559	Injury of Superficial Soft Tissues - Debridement of wounds	General Surgery	FP00500380	D	850
560	Injury of Superficial Soft Tissues - Delayed primary suture	General Surgery	FP00500381	D	1250
561	Injury of Superficial Soft Tissues - Secondary suture of wounds	General Surgery	FP00500382	D	850
6. Obstetrics and Gynaecology.					
562	Abdominal open for stress incision	Obstetrics and Gynaecology	FP00600001	5	13000
563	Bartholin abscess I & D	Obstetrics and Gynaecology	FP00600002	D	2200
564	Bartholin cyst removal	Obstetrics and Gynaecology	FP00600003	D	2200
565	Cervical Polypectomy	Obstetrics and Gynaecology	FP00600004	1	3500
566	Cyst - Labial	Obstetrics and Gynaecology	FP00600005	D	2000
567	Cyst - Vaginal Enucleation	Obstetrics and Gynaecology	FP00600006	D	2100
568	Ovarian Cystectomy	Obstetrics and Gynaecology	FP00600007	1	8000
569	Cystocele - Anterior repair	Obstetrics and Gynaecology	FP00600008	2	11500
570	D&C (Dilatation & curettage)	Obstetrics and Gynaecology	FP00600009	D	2750
571	Electro Cauterisation Cryo Surgery	Obstetrics and Gynaecology	FP00600010	D	2750
572	Fractional Curettage	Obstetrics and Gynaecology	FP00600011	D	2750
573	Gilliams Operation	Obstetrics and Gynaecology	FP00600012	2	6900
574	Haemato Colpo/Excision - Vaginal Septum	Obstetrics and Gynaecology	FP00600013	D	3450
575	Hymenectomy & Repair of Hymen	Obstetrics and Gynaecology	FP00600014	D	5750
576	Hysterectomy - abdominal*	Obstetrics and Gynaecology	FP00600015	5	11500
577	Hysterectomy - Vaginal*	Obstetrics and Gynaecology	FP00600016	5	11500
578	Hysterectomy - Wertheims operation*	Obstetrics and Gynaecology	FP00600017	5	14000
579	Hysterotomy -Tumors removal	Obstetrics and Gynaecology	FP00600018	5	14500
580	Myomectomy - Abdominal	Obstetrics and Gynaecology	FP00600019	5	12000
581	Ovarectomy/Oophrectomy	Obstetrics and Gynaecology	FP00600020	3	8000

582	Perineal Tear Repair	Obstetrics and Gynaecology	FP00600021	D	2100
583	Prolapse Uterus -L forts	Obstetrics and Gynaecology	FP00600022	5	13000
584	Prolapse Uterus - Manchester	Obstetrics and Gynaecology	FP00600023	5	13000
585	Retro Vaginal Fistula - Repair	Obstetrics and Gynaecology	FP00600024	3	14000
586	Salpingoophrectomy	Obstetrics and Gynaecology	FP00600025	3	8750
587	Tuboplasty	Obstetrics and Gynaecology	FP00600026	3	9500
588	Vaginal Tear -Repair	Obstetrics and Gynaecology	FP00600027	D	3500
589	Vulvectomy	Obstetrics and Gynaecology	FP00600028	2	9200
590	Vulvectomy - Radical	Obstetrics and Gynaecology	FP00600029	2	8600
591	Vulval Tumors - Removal	Obstetrics and Gynaecology	FP00600030	3	5750
592	Normal Delivery	Obstetrics and Gynaecology	FP00600031	2	3500
593	Casearean delivery	Obstetrics and Gynaecology	FP00600032	4	6500
594	Caesarean+ Hysterectomy*	Obstetrics and Gynaecology	FP00600033	4	12500
595	Conventional Tubectomy	Obstetrics and Gynaecology	FP00600034	2	3000
596	D&C (Dilatation & curetage) > 12 wks	Obstetrics and Gynaecology	FP00600035	1	5200
597	D&C (dilatation & Curretage) upto 12 wks	Obstetrics and Gynaecology	FP00600036	D	4000
598	D&C (Dilatation & curretage)upto 8 wks	Obstetrics and Gynaecology	FP00600037	D	3000
599	Destructive operation	Obstetrics and Gynaecology	FP00600038	5	7500
600	Hysterectomy- Laproscopy*	Obstetrics and Gynaecology	FP00600039	3	15000
601	Insertion of IUD Device	Obstetrics and Gynaecology	FP00600040	D	575
602	Laprosopy Salpingoplasty/ ligation	Obstetrics and Gynaecology	FP00600041	D	7500
603	Laprotomy -failed laprosopy to explore	Obstetrics and Gynaecology	FP00600042	5	9500
604	Laprotomy for ectopic repture	Obstetrics and Gynaecology	FP00600043	5	8500
605	Low Forceps+ Normal delivery	Obstetrics and Gynaecology	FP00600044	3	5500
606	Low midcavity forceps + Normal delivery	Obstetrics and Gynaecology	FP00600045	3	5500
607	Lower Segment Caesarean Section	Obstetrics and Gynaecology	FP00600046	4	6900

608	Manual removal of Placenta for outside delivery etc.	Obstetrics and Gynaecology	FP00600047	3	4250
609	MANUAL removal of Placenta	Obstetrics and Gynaecology	FP00600059	1	2500
610	Normal delivery with episiotomy and P repair	Obstetrics and Gynaecology	FP00600048	3	5100
611	Perforation of Uterus after D/E laparotomy and closure	Obstetrics and Gynaecology	FP00600049	5	14000
612	Repair of post coital tear, perineal injury	Obstetrics and Gynaecology	FP00600050	1	2750
613	Rupture Uterus , closure and repair with tubal ligation	Obstetrics and Gynaecology	FP00600051	4	14000
614	Salpingo-oophorectomy	Obstetrics and Gynaecology	FP00600052	4	10500
615	Shirodhkar Mc. Donalds stitch	Obstetrics and Gynaecology	FP00600053	5	2800
616	Caesarean delivery + Tubectomy	Obstetrics and Gynaecology	FP00600054	4	7500
617	Pre-eclampsia + Caesarean Delivery	Obstetrics and Gynaecology	FP00600055	7	10000
618	Pre-eclampsia + Normal Delivery	Obstetrics and Gynaecology	FP00600056	5	7500
619	Normal Delivery + Tubectomy	Obstetrics and Gynaecology	FP00600057	4	6500
620	Puerperal Sepsis	Obstetrics and Gynaecology	FP00600058	3	5500
621	Bartholin abscess I & D + Cyst -Vaginal Enucleation	Obstetrics and Gynaecology	FP00600060	d	3100
622	Adhenolysis + Cystocele - Anterior repair	Obstetrics and Gynaecology	FP00600061	7	17500
623	Ablation of Endometrium + D&C (Dilatation & curettage)	Obstetrics and Gynaecology	FP00600062	1	6000
624	Ablation of Endometrium + Hysterectomy - abdominal*	Obstetrics and Gynaecology	FP00600063	7	12500
625	Oophorectomy + Hysterectomy - abdominal*	Obstetrics and Gynaecology	FP00600064	5	13000
626	Ovarian Cystectomy + Hysterectomy - abdominal*	Obstetrics and Gynaecology	FP00600065	5	13000
627	Salpingoophorectomy + Hysterectomy - abdominal*	Obstetrics and Gynaecology	FP00600066	5	13500
628	Hysterectomy (Abdominal and Vaginal) + Cystocele - Anterior Repair*	Obstetrics and Gynaecology	FP00600067	7	15000
629	Hysterectomy (Abdominal and Vaginal) + Perineal Tear Repair*	Obstetrics and Gynaecology	FP00600068	5	11000
630	Hysterectomy (Abdominal and Vaginal) +	Obstetrics and Gynaecology	FP00600069	7	13750

	Salpingoophrectomy*				
631	Cystocele - Anterior Repair + Perineal Tear Repair	Obstetrics and Gynaecology	FP00600070	5	11500
632	Cystocele - Anterior Repair + Salpingoophrectomy	Obstetrics and Gynaecology	FP00600071	5	15000
633	Perineal Tear Repair + Salpingoophrectomy	Obstetrics and Gynaecology	FP00600072	5	6000
634	Hysterectomy (Abdominal and Vaginal) + Cystocele - Anterior Repair + Perineal Tear Repair*	Obstetrics and Gynaecology	FP00600073	5	16000
635	Hysterectomy (Abdominal and Vaginal) + Cystocele - Anterior Repair + Salpingoophrectomy*	Obstetrics and Gynaecology	FP00600074	5	18000
636	Hysterectomy (Abdominal and Vaginal) + Cystocele - Anterior Repair + Perineal Tear Repair + Salpingoophrectomy*	Obstetrics and Gynaecology	FP00600075	5	19500
637	Cystocele - Anterior Repair + Perineal Tear Repair + Salpingoophrectomy	Obstetrics and Gynaecology	FP00600076	5	13500
638	Abdominal perineal neo construction Cx+Uteria+Vagina	Obstetrics and Gynaecology	FP00600077	5	12000
639	Cervical biopsy	Obstetrics and Gynaecology	FP00600078	d	750
640	Cone Biopsy Cervix	Obstetrics and Gynaecology	FP00600079	d	750
641	Colpotomy	Obstetrics and Gynaecology	FP00600080	d	900
642	Colpollaisis/Colporrhophy	Obstetrics and Gynaecology	FP00600081	1	3000
643	Operation for stress incontinence	Obstetrics and Gynaecology	FP00600082	5	9200
644	Radical vulvectomy	Obstetrics and Gynaecology	FP00600083	5	9200
645	comprehensive mother package (three antenal checkup , diagnositics , treatment and Delivery - normal or caessorian)	Obstetrics and Gynaecology	FP00600084	120	7500
646	Ablation of Endometriotic Spot +Adhenolysis	Obstetrics and Gynaecology	FP00600085	3	6500
647	Bartholin abscess I & D + cervical polypectomy	Obstetrics and Gynaecology	FP00600086	3	4500
648	Bartholin cyst removal + cervical polypectomy	Obstetrics and Gynaecology	FP00600087	3	4500
649	Bartholin abscess I & D +Cyst -Vaginal Enuclation	Obstetrics and Gynaecology	FP00600088	3	3750

650	Abdominal open for stress incision+Cystocele - Anterior repair	Obstetrics and Gynaecology	FP00600089	7	16250
651	Ablation of Endometriotic Spot +Cystocele - Anterior repair	Obstetrics and Gynaecology	FP00600090	5	12500
652	Adhenolysis+ Cystocele - Anterior repair	Obstetrics and Gynaecology	FP00600091	5	18500
653	Cervical polypectomy + Cystocele - Anterior repair	Obstetrics and Gynaecology	FP00600092	5	12500
654	Casearean delivery + Cystocele - Anterior repair	Obstetrics and Gynaecology	FP00600093	5	12500
655	D&C (Dilatation & curretage) + Ablation of Endometrium	Obstetrics and Gynaecology	FP00600094	2	6250
656	D&C (Dilatation & curretage) +Bartholin abscess I & D	Obstetrics and Gynaecology	FP00600095	2	3500
657	D&C (Dilatation & curretage) + Cervical polypectomy	Obstetrics and Gynaecology	FP00600096	2	4250
658	Ablation of Endometrium + Electro Cauterisation Cryo Surgery	Obstetrics and Gynaecology	FP00600097	2	6250
659	D&C (Dilatation & curretage) +Electro Cauterisation Cryo Surgery	Obstetrics and Gynaecology	FP00600098	1	3750
660	Hysterectomy - Vaginal+ Haemorroidectomy*	Obstetrics and Gynaecology	FP00600099	5	13500
661	Adhenolysis +Hernia - Ventral - Lipectomy/Incisiona	Obstetrics and Gynaecology	FP00600100	5	22500
662	Hysterectomy - abdominal+Hernia - Epigastric*	Obstetrics and Gynaecology	FP00600101	5	15500
663	Hysterectomy - abdominal+ Hernia - Incisional*	Obstetrics and Gynaecology	FP00600102	7	16500
664	Hysterotomy -Tumors removal+ Hernia - Incisional	Obstetrics and Gynaecology	FP00600103	5	18650
665	Casearean delivery+Hernia - Incisional	Obstetrics and Gynaecology	FP00600104	5	12500
666	Hysterectomy - abdominal+Ablation of Endometrium*	Obstetrics and Gynaecology	FP00600105	5	12500
667	Ovarian Cystectomy +Hysterotomy -Tumors removal	Obstetrics and Gynaecology	FP00600106	7	14500
668	Inguinal hernia - Unilateral + Adhenolysis	Obstetrics and Gynaecology	FP00600107	5	15500
669	Intestinal Obstruction + Appendicectomy	Obstetrics and Gynaecology	FP00600108	5	12500
670	Appendicectomy + Fissurectomy	Obstetrics and Gynaecology	FP00600109	3	9500

671	Cyst over Scrotum - Excision + Fissurectomy and Haemorrhoidectomy	Obstetrics and Gynaecology	FP00600110	3	9500
672	Ablation of Endometriotic Spot +Ovarian Cystectomy	Obstetrics and Gynaecology	FP00600111	5	8750
673	Ablation of Endometrium +Ovarian Cystectomy	Obstetrics and Gynaecology	FP00600112	5	8750
674	D&C (Dilatation & curretage) +Ovarian Cystectomy	Obstetrics and Gynaecology	FP00600113	5	7500
675	Casearean delivery+Ovarian Cystectomy	Obstetrics and Gynaecology	FP00600114	7	9500
676	Ablation of Endometriotic Spot + Polypectomy	Obstetrics and Gynaecology	FP00600115	4	8400
677	Ablation of Endometrium + Polypectomy	Obstetrics and Gynaecology	FP00600116	4	8400
678	D&C (Dilatation & curretage) + Polypectomy	Obstetrics and Gynaecology	FP00600117	4	9750
679	Casearean delivery+ Salpingoophrectomy	Obstetrics and Gynaecology	FP00600118	5	9500
680	Ablation of Endometriotic Spot +Salpingostomy	Obstetrics and Gynaecology	FP00600119	5	9800
681	Adhenolysis+ Salpingostomy	Obstetrics and Gynaecology	FP00600120	5	9500
682	Adhenolysis+ Ovarian Cystectomy	Obstetrics and Gynaecology	FP00600121	5	15000
683	Normal delivery + perineal tear repair	Obstetrics and Gynaecology	FP00600122	3	4500
684	Electro Cauterisation Cryo Surgery +Fractional Curretage	Obstetrics and Gynaecology	FP00600123	2	4250
685	Broad Ligment Haemotoma drainage	Obstetrics and Gynaecology	FP00600124	3	7650
686	Brust abodomen repair	Obstetrics and Gynaecology	FP00600125	5	11500
687	Colpotomy-drainage P/V needling EUA	Obstetrics and Gynaecology	FP00600126	2	3500
688	Examination under anaesthesia	Obstetrics and Gynaecology	FP00600127	D	2500
689	Excision of urethral caruncle	Obstetrics and Gynaecology	FP00600128	1	2750
690	Exploration of abdominal haematoma (after laparotomy + LUCS)	Obstetrics and Gynaecology	FP00600129	5	10500
691	Exploration of perineal haematoma & Resuturing of episiotomy	Obstetrics and Gynaecology	FP00600130	3	7225
692	Exploration of PPH-tear repair	Obstetrics and Gynaecology	FP00600131	3	3400
693	Gaping pareneal wound secondary suturing	Obstetrics and Gynaecology	FP00600132	1	2040
694	Internal podalic version and extraction	Obstetrics and Gynaecology	FP00600133	3	7650

695	Laparotomy for Ectopic rupture	Obstetrics and Gynaecology	FP00600134	5	12750
696	Laparotomy-failed laparoscopy to explore	Obstetrics and Gynaecology	FP00600135	3	6500
697	Laparotomy-peritonitis lavage and drainage	Obstetrics and Gynaecology	FP00600136	5	10200
698	Perforation of Uterus after D/E Laparotomy & Closure	Obstetrics and Gynaecology	FP00600137	5	12750
699	Repair of post-coital tear, perineal injury	Obstetrics and Gynaecology	FP00600138	1	2900
700	Rupture Uterus, closure & repair with tubal ligation	Obstetrics and Gynaecology	FP00600139	5	15300
701	Suction evacuation vesicular mole, missed abortion D/E	Obstetrics and Gynaecology	FP00600140	2	4250
702	comprehensive mother package (three antenatal checkup , diagnostics , treatment and Delivery - normal or caesarian)	Obstetrics and Gynaecology	FP00600141	120	7500

7. Endoscopic procedures

703	Cholecystectomy and Drainage of Liver abscess	Endoscopic procedures	FP00700001	3	14200
704	Cholecystectomy with Excision of TO Mass	Endoscopic procedures	FP00700002	4	15000
705	Cyst Aspiration	Endoscopic procedures	FP00700003	D	1750
706	Endometria to Endometria Anastomosis	Endoscopic procedures	FP00700004	3	7000
707	Fimbriolysis	Endoscopic procedures	FP00700005	2	5000
708	Hemicolectomy	Endoscopic procedures	FP00700006	4	17000
709	Hysterectomy with bilateral Salpingo Oophrectomy*	Endoscopic procedures	FP00700007	3	12250
710	Incisional Hernia - Repair	Endoscopic procedures	FP00700008	2	12250
711	Inguinal Hernia - Bilateral	Endoscopic procedures	FP00700009	2	10000
712	Inguinal hernia - Unilateral	Endoscopic procedures	FP00700010	2	11000
713	Intestinal resection	Endoscopic procedures	FP00700011	3	13500
714	Myomectomy	Endoscopic procedures	FP00700012	2	10500
715	Oophrectomy	Endoscopic procedures	FP00700013	2	7000
716	Peritonitis	Endoscopic procedures	FP00700014	5	9000
717	Salpingo Oophrectomy	Endoscopic procedures	FP00700015	3	9000
718	Salpingostomy	Endoscopic procedures	FP00700016	2	9000
719	Uterine septum	Endoscopic procedures	FP00700017	D	7500

720	Varicocele - Bilateral	Endoscopic procedures	FP00700018	1	15000
721	Varicocele - Unilateral	Endoscopic procedures	FP00700019	1	11000
722	Repair of Ureterocele	Endoscopic procedures	FP00700020	3	10000
723	Esophageal Sclerotherapy for varies first sitting	Endoscopic procedures	FP00700021	D	1400
724	Esophageal Sclerotherapy for varies subseqent sitting	Endoscopic procedures	FP00700022	D	1100
725	Upper GI endoscopy	Endoscopic procedures	FP00700023	D	900
726	Upper GI endoscopy with biopsy	Endoscopic procedures	FP00700024	D	1200
727	ERCP	Endoscopic procedures	FP00700025	D	8000
8.Hysteroscopic procedures					
728	Ablation of Endometrium	Hysteroscopic procedures	FP00800001	D	5000
729	Hysteroscopic Tubal Cannulation	Hysteroscopic procedures	FP00800002	D	7500
730	Polypectomy	Hysteroscopic procedures	FP00800003	D	7000
731	Uterine Synechia - Cutting	Hysteroscopic procedures	FP00800004	D	7500
9. Neurosurgery					
732	Anneurysm	Neurosurgery	FP00900001	10	28750
733	Anterior Encephalocele	Neurosurgery	FP00900002	10	28750
734	Burr hole	Neurosurgery	FP00900003	8	20625
735	Carotid Endartrectomy	Neurosurgery	FP00900004	10	20625
736	carotid body tumour - excision	Neurosurgery	FP00900024	10	21500
737	Carpal Tunnel Release	Neurosurgery	FP00900005	5	12100
738	Cervical Ribs – Bilateral	Neurosurgery	FP00900006	7	14300
739	Cervical Ribs - Unilateral	Neurosurgery	FP00900007	5	11000
740	Cranio Ventrical	Neurosurgery	FP00900008	9	15400
741	Cranioplasty	Neurosurgery	FP00900009	7	11000
742	Craniostenosis	Neurosurgery	FP00900010	7	22000
743	Cerebrospinal Fluid (CSF) Rhinorrohea	Neurosurgery	FP00900011	3	11000
744	Duroplasty	Neurosurgery	FP00900012	5	9900
745	Haematoma - Brain (head injuries)	Neurosurgery	FP00900013	9	24200
746	Haematoma - Brain (hypertensive)	Neurosurgery	FP00900014	9	24200
747	Haematoma (Child irritable subdural)	Neurosurgery	FP00900015	10	24200
748	Laminectomy with Fusion	Neurosurgery	FP00900016	6	17875
749	Local Neurectomy	Neurosurgery	FP00900017	6	12100
750	Lumbar Disc	Neurosurgery	FP00900018	5	12000
751	Meningocele - Anterior	Neurosurgery	FP00900019	10	33000
752	Meningocele - Lumbar	Neurosurgery	FP00900020	8	24750

753	Meningococle – Occipital	Neurosurgery	FP00900021	10	29000
754	Microdiscectomy - Cervical	Neurosurgery	FP00900022	10	16500
755	Microdiscectomy - Lumber	Neurosurgery	FP00900023	10	16500
756	Peripheral Nerve Surgery	Neurosurgery	FP00900025	7	13200
757	Posterior Fossa - Decompression	Neurosurgery	FP00900026	8	20625
758	Repair & Transposition Nerve	Neurosurgery	FP00900027	3	7150
759	Brachial Plexus - Repair	Neurosurgery	FP00900028	7	20625
760	Spina Bifida - Large - Repair	Neurosurgery	FP00900029	10	24200
761	Spina Bifida - Small - Repair	Neurosurgery	FP00900030	10	19800
762	Shunt	Neurosurgery	FP00900031	7	16000
763	Skull Traction	Neurosurgery	FP00900032	5	9000
764	Spine - Anterior Decompression	Neurosurgery	FP00900033	8	21000
765	Spine - Canal Stenosis	Neurosurgery	FP00900034	6	15400
766	Spine - Decompression & Fusion	Neurosurgery	FP00900035	6	18700
767	Spine - Disc Cervical/Lumber	Neurosurgery	FP00900036	6	16500
768	Spine - Extradural Tumour	Neurosurgery	FP00900037	7	15400
769	Spine - Intradural Tumour	Neurosurgery	FP00900038	7	15400
770	Spine - Intramedullar Tumour	Neurosurgery	FP00900039	7	16500
771	Subdural aspiration	Neurosurgery	FP00900040	3	8800
772	Temporal Rhizotomy	Neurosurgery	FP00900041	5	13200
773	Trans Sphenoidal	Neurosurgery	FP00900042	6	16500
774	Tumours - Supratentorial	Neurosurgery	FP00900043	7	25000
775	Tumours Meninges - Gocussa	Neurosurgery	FP00900044	7	25000
776	Tumours Meninges - Posterior	Neurosurgery	FP00900045	7	25000
777	Vagotomy - Selective	Neurosurgery	FP00900046	5	16500
778	Vagotomy with Gastrojejunostomy	Neurosurgery	FP00900047	6	16500
779	Vagotomy with Pyeloplasty	Neurosurgery	FP00900048	6	16500
780	Vagotomy - Highly Selective	Neurosurgery	FP00900049	5	16500
781	Ventricular Puncture	Neurosurgery	FP00900050	3	9000
782	Brain Biopsy	Neurosurgery	FP00900051	5	13750
783	Cranial Nerve Anastomosis	Neurosurgery	FP00900052	5	11000
784	Depressed Fracture	Neurosurgery	FP00900053	7	18150
785	Nerve Biopsy excluding Hensens	Neurosurgery	FP00900054	2	4950
786	Peripheral Neurectomy (Tirgeminal)	Neurosurgery	FP00900055	5	11550
787	Peritoneal Shunt	Neurosurgery	FP00900056	5	11000
788	R.F. Lesion for	Neurosurgery	FP00900057	5	5500

	Trigeminal Neuralgia -				
789	Subdural Tapping	Neurosurgery	FP00900058	3	2200
790	Twist Drill Craniostomy	Neurosurgery	FP00900059	3	11550
10.Ophthalmology					
791	Abscess Drainage of Lid	Ophthalmology	FP01000001	D	550
792	Anterior Chamber Reconstruction	Ophthalmology	FP01000002	3	7700
793	Buckle Removal	Ophthalmology	FP01000003	2	10450
794	Canaliculo Dacryocysto Rhinostomy	Ophthalmology	FP01000004	1	7700
795	Capsulotomy	Ophthalmology	FP01000005	1	2200
796	Cataract – Bilateral with IOL	Ophthalmology	FP01000006	D	6500
797	Cataract – Unilateral with IOL	Ophthalmology	FP01000007	D	3500
798	Corneal Grafting	Ophthalmology	FP01000008	D	5000
799	Cryoretinopexy - Closed	Ophthalmology	FP01000009	1	4000
800	Cryoretinopexy - Open	Ophthalmology	FP01000010	1	5500
801	Cyclocryotherapy	Ophthalmology	FP01000011	D	6600
802	Cyst	Ophthalmology	FP01000012	D	3850
803	Dacrocystectomy With Pterygium - Excision	Ophthalmology	FP01000013	D	1100
804	Pterygium + Conjunctival Autograft	Ophthalmology	FP01000014	D	7150
805	Dacryocystectomy	Ophthalmology	FP01000015	D	7500
806	Endoscopic Optic Nerve Decompression	Ophthalmology	FP01000016	D	5500
807	Endoscopic Optic Orbital Decompression	Ophthalmology	FP01000017	D	8800
808	Enucleation	Ophthalmology	FP01000018	1	8800
809	Enuleation with Implant	Ophthalmology	FP01000019	1	2200
810	Exentration	Ophthalmology	FP01000020	D	7500
811	Ectropion Correction	Ophthalmology	FP01000021	D	3850
812	Glaucoma surgery (trabeculectomy)	Ophthalmology	FP01000022	2	3300
813	Intraocular Foreign Body Removal	Ophthalmology	FP01000023	D	7700
814	Keratoplasty	Ophthalmology	FP01000024	1	3300
815	Lensectomy	Ophthalmology	FP01000025	D	8800
816	Limbal Dermoid Removal	Ophthalmology	FP01000026	D	8250
817	Membranectomy	Ophthalmology	FP01000027	D	2750
818	Perforating corneo - Scleral Injury	Ophthalmology	FP01000028	2	6600
819	Pterygium (Day care)	Ophthalmology	FP01000029	D	5500
820	Ptosis	Ophthalmology	FP01000030	D	1100
821	Radial Keratotomy	Ophthalmology	FP01000031	1	4500
822	IRIS Prolapse - Repair	Ophthalmology	FP01000032	2	10,000
823	Retinal Detachment Surgery	Ophthalmology	FP01000033	2	3500
824	Small Tumour of Lid - Excision	Ophthalmology	FP01000034	D	11000
825	Socket Reconstruction	Ophthalmology	FP01000035	3	550

826	Trabeculectomy - Right	Ophthalmology	FP01000036	D	6600
827	Iridectomy	Ophthalmology	FP01000037	D	8500
828	Tumours of IRIS	Ophthalmology	FP01000038	2	1980
829	Vitrectomy	Ophthalmology	FP01000039	2	4400
830	Vitrectomy + Retinal Detachment	Ophthalmology	FP01000041	3	14000
831	Acid and alkali burns	Ophthalmology	FP01000042	D	550
832	Cataract with foldable IOL by Phoco emulsification tech. unilateral /SICS with foldable lens	Ophthalmology	FP01000043	D	6000
833	Cataract with foldable IOL with Phoco emulsification Bilateral/ SICS with foldable lens	Ophthalmology	FP01000044	D	9500
834	Cauterisation of ulcer/subconjunctival injection - both eye	Ophthalmology	FP01000045	D	320
835	Cauterisation of ulcer/subconjunctival injection - One eye	Ophthalmology	FP01000046	D	210
836	Chalazion - both eye	Ophthalmology	FP01000047	D	660
837	Chalazion - one eye	Ophthalmology	FP01000048	D	500
838	Conjunctival Melanoma	Ophthalmology	FP01000049	D	1100
839	Dacryocystectomy (DCY)	Ophthalmology	FP01000051	D	6000
840	Decompression of Optic nerve	Ophthalmology	FP01000053	D	13500
841	EKG/EOG	Ophthalmology	FP01000054	1	1350
842	Entropion correction	Ophthalmology	FP01000055	D	3300
843	Epicantuhus correction	Ophthalmology	FP01000056	D	2200
844	Epilation	Ophthalmology	FP01000057	D	250
845	ERG	Ophthalmology	FP01000058	D	825
846	Eviseration	Ophthalmology	FP01000059	D	2700
847	Laser for retinopath (per sitting)	Ophthalmology	FP01000060	1	1320
848	Laser inter ferometry	Ophthalmology	FP01000061	D	1650
849	Lid tear	Ophthalmology	FP01000062	D	4500
850	Orbitotomy	Ophthalmology	FP01000063	D	6600
851	Squint correction	Ophthalmology	FP01000064	1	12500
852	lasix laser	Ophthalmology	FP01000040	d	10000
853	terigium removal	Ophthalmology	FP01000050	d	750
854	Cataract – Unilateral +Glaucoma surgery (trabeculectomy)	Ophthalmology	FP01000052	2	7500
855	Cataract – Bilateral +Glaucoma surgery (trabeculectomy)	Ophthalmology	FP01000065	2	9000
856	Pterigium + Conjunctival Autograft +Glaucoma surgery (trabeculectomy)	Ophthalmology	FP01000066	2	8000
857	Anterior Chamber Reconstruction +Cataract – Unilateral	Ophthalmology	FP01000067	2	8750

858	Canaliculo Dacryocysto Rhinostomy +Cataract – Unilateral	Ophthalmology	FP01000068	2	8750
859	Abscess Drainage of Lid +Cryoretinopexy - Closed	Ophthalmology	FP01000069	2	5250
860	Lensectomy +Vitrectomy	Ophthalmology	FP01000070	2	8400
861	Trabeculectomy + Vitrectomy	Ophthalmology	FP01000071	2	8400
862	Anterior Chamber Reconstruction +Perforating corneo - Scleral Injury	Ophthalmology	FP01000072	3	9200
863	Cataract – Unilateral + trabeculectomy	Ophthalmology	FP01000073	3	7700
864	Retrobulbar injections both eyes	Ophthalmology	FP01000074	D	450
865	Retrobulbar injections one eye	Ophthalmology	FP01000075	D	250
866	syringing of lacrimal sac for both eyes	Ophthalmology	FP01000076	D	350
867	Syringing of lacrimal sac for one eye	Ophthalmology	FP01000077	D	250
11. Orthopedics					
868	Acromion reconstruction	Orthopedics	FP01100001	10	20,000
869	Accessory bone - Excision	Orthopedics	FP01100002	3	12,000
870	Amputation - Upper Fore Arm	Orthopedics	FP01100003	5	16,000
871	Amputation - Index Fingure	Orthopedics	FP01100004	1	1,000
872	Amputation - Forearm	Orthopedics	FP01100005	5	18,000
873	Amputation - Wrist Axillary Node Dissection	Orthopedics	FP01100006	4	12,000
874	Amputation - 2nd and 3rd Toe	Orthopedics	FP01100007	1	2,000
875	Amputation - 2nd Toe	Orthopedics	FP01100008	1	1,000
876	Amputation - 3rd and 4th Toes	Orthopedics	FP01100009	1	2,000
877	Amputation - 4th and 5th Toes	Orthopedics	FP01100010	1	2,000
878	Amputation - Ankle	Orthopedics	FP01100011	5	12,000
879	Amputation - Arm	Orthopedics	FP01100012	6	18,000
880	Amputation - Digits	Orthopedics	FP01100013	1	5,000
881	Amputation - Fifth Toe	Orthopedics	FP01100014	1	1,700
882	Amputation - Foot	Orthopedics	FP01100015	5	18,000
883	Amputation - Forefoot	Orthopedics	FP01100016	5	15,000
884	Amputation - Great Toe	Orthopedics	FP01100017	1	2,500
885	Amputation - Wrist	Orthopedics	FP01100018	5	12,000
886	Amputation - Leg	Orthopedics	FP01100019	7	20,000
887	Amputation - Part of Toe and Fixation of K Wire	Orthopedics	FP01100020	5	12,000
888	Amputation - Thigh	Orthopedics	FP01100021	7	20,000
889	Anterior & Posterior Spine Fixation	Orthopedics	FP01100022	6	25,000
890	Arthroplasty – Excision	Orthopedics	FP01100023	3	8,000
891	Arthorotomy	Orthopedics	FP01100024	7	15,000

892	Arthrodesis Ankle Triple	Orthopedics	FP01100025	7	16,000
893	Arthrotomy + Synvectomy	Orthopedics	FP01100026	3	15,000
894	Arthroplasty of Femur head - Excision	Orthopedics	FP01100027	7	18,000
895	Bimalleolar Fracture Fixation	Orthopedics	FP01100028	6	12,000
896	Bone Tumour and Reconstruction -Major - Excision	Orthopedics	FP01100029	6	13,000
897	Bone Tumour and Reconstruction - Minor - Excision	Orthopedics	FP01100030	4	10,000
898	Calcaneal Spur - Excision of Both	Orthopedics	FP01100031	3	9,000
899	Clavicle Surgery	Orthopedics	FP01100032	5	15,000
900	Close Fixation - Hand Bones	Orthopedics	FP01100033	3	7,000
901	Close Fixation - Foot Bones	Orthopedics	FP01100034	2	6,500
902	Close Reduction - Small Joints	Orthopedics	FP01100035	1	3,500
903	Closed Interlock Nailing + Bone Grafting	Orthopedics	FP01100036	2	12,000
904	Closed Interlocking Intermedullary	Orthopedics	FP01100037	2	12,000
905	Closed Interlocking Tibia + Orif of Fracture Fixation	Orthopedics	FP01100038	3	12,000
906	Closed Reduction and Internal Fixation	Orthopedics	FP01100039	3	12,000
907	Closed Reduction and Internal Fixation with K wire	Orthopedics	FP01100040	3	12,000
908	Closed Reduction and Percutaneous Screw Fixation	Orthopedics	FP01100041	3	12,000
909	Closed Reduction and Percutaneous Pinning	Orthopedics	FP01100042	3	12,000
910	Closed Reduction and Percutaneous Nailing	Orthopedics	FP01100043	3	12,000
911	Closed Reduction and Proceed to Posterior Stabilization	Orthopedics	FP01100044	5	16,000
912	Debridement & Closure - Major	Orthopedics	FP01100045	3	5,000
913	Debridement & Closure - Minor	Orthopedics	FP01100046	1	3,000
914	Decompression and Spinal Fixation	Orthopedics	FP01100047	5	20,000
915	Decompression and Stabilization with Steffiplate	Orthopedics	FP01100048	6	20,000
916	Decompression L5 S1 Fusion with Posterior Stabilization	Orthopedics	FP01100049	6	20,000
917	Decompression of Carpal Tunnel Syndrome	Orthopedics	FP01100050	2	4,500
918	Decompression Posteier D12+L1	Orthopedics	FP01100051	5	18,000

919	Decompression Stabilization and Laminectomy	Orthopedics	FP01100052	5	16,000
920	Dislocation - Elbow	Orthopedics	FP01100053	D	1,000
921	Dislocation - Shoulder	Orthopedics	FP01100054	D	1,000
922	Dislocation- Hip	Orthopedics	FP01100055	1	1,000
923	Dislocation - Knee	Orthopedics	FP01100056	1	1,000
924	Drainage of Abscess Cold	Orthopedics	FP01100057	D	1,250
925	Dupuytren Contracture	Orthopedics	FP01100058	6	12,000
926	Epiphyseal Stimulation	Orthopedics	FP01100059	3	10,000
927	Exostosis - Small bones - Excision	Orthopedics	FP01100060	2	5,500
928	Exostosis - Femur - Excision	Orthopedics	FP01100061	7	15,000
929	Exostosis - Humerus - Excision	Orthopedics	FP01100062	7	15,000
930	Exostosis - Radius - Excision	Orthopedics	FP01100063	6	12,000
931	Exostosis - Ulna - Excision	Orthopedics	FP01100064	6	12,000
932	Exostosis - Tibia- Excision	Orthopedics	FP01100065	6	12,000
933	Exostosis - Fibula - Excision	Orthopedics	FP01100066	6	12,000
934	Exostosis - Patella - Excision	Orthopedics	FP01100067	6	12,000
935	Exploration and Ulnar Repair	Orthopedics	FP01100068	5	9,500
936	External fixation - Long bone	Orthopedics	FP01100069	4	13,000
937	External fixation - Small bone	Orthopedics	FP01100070	2	11,500
938	External fixation - Pelvis	Orthopedics	FP01100071	5	15,000
939	Fasciotomy	Orthopedics	FP01100072	2	12,000
940	Fixater with Joint Arthrolysis	Orthopedics	FP01100073	9	18,000
941	Fracture - Acetabulam	Orthopedics	FP01100074	9	18,000
942	Fracture - Femoral neck - MUA & Internal Fixation	Orthopedics	FP01100075	7	18,000
943	Fracture - Femoral Neck Open Reduction & Nailing	Orthopedics	FP01100076	7	15,000
944	Fracture - Fibula Internal Fixation	Orthopedics	FP01100077	7	15,000
945	Fracture - Hip Internal Fixation	Orthopedics	FP01100078	7	15,000
946	Fracture - Humerus Internal Fixation	Orthopedics	FP01100079	2	13,000
947	Fracture - Olecranon of Ulna	Orthopedics	FP01100080	2	9,500
948	Fracture - Radius Internal Fixation	Orthopedics	FP01100081	2	9,500
949	Fracture - TIBIA Internal Fixation	Orthopedics	FP01100082	4	10,500
950	Fracture - Ulna Internal Fixation	Orthopedics	FP01100084	4	9,500

951	Fractured Fragment Excision	Orthopedics	FP01100085	2	7,500
952	Girdle Stone Arthroplasty	Orthopedics	FP01100086	7	15,000
953	Harrington Instrumentation	Orthopedics	FP01100087	5	15,000
954	Head Radius - Excision	Orthopedics	FP01100088	3	15,000
955	High Tibial Osteotomy	Orthopedics	FP01100089	5	15,000
956	Hip Region Surgery	Orthopedics	FP01100090	7	18,000
957	Hip Spica	Orthopedics	FP01100091	D	4,000
958	Internal Fixation Lateral Epicondyle	Orthopedics	FP01100092	4	9,000
959	Internal Fixation of other Small Bone	Orthopedics	FP01100093	3	7,000
960	Joint Reconstruction	Orthopedics	FP01100094	10	22,000
961	Laminectomy	Orthopedics	FP01100095	9	18,000
962	Leg Lengthening	Orthopedics	FP01100096	8	15,000
963	Llizarov Fixation	Orthopedics	FP01100097	6	15,000
964	Multiple Tendon Repair	Orthopedics	FP01100098	5	12,500
965	Nerve Repair Surgery	Orthopedics	FP01100099	6	14,000
966	Nerve Transplant/Release	Orthopedics	FP01100100	5	13,500
967	Neurolysis	Orthopedics	FP01100101	7	18,000
968	Open Reduction Internal Fixation (2 Small Bone)	Orthopedics	FP01100102	5	12,000
969	Open Reduction Internal Fixation (Large Bone)	Orthopedics	FP01100103	6	16,000
970	Open Reduction of CDH	Orthopedics	FP01100104	7	17,000
971	Open Reduction of Small Joint	Orthopedics	FP01100105	1	7,500
972	Open Reduction with Phemister Grafting	Orthopedics	FP01100106	3	10,000
973	Osteotomy -Small Bone	Orthopedics	FP01100107	6	18,000
974	Osteotomy -Long Bone	Orthopedics	FP01100108	8	21,000
975	Patellectomy	Orthopedics	FP01100109	7	15,000
976	Pelvic Fracture - Fixation	Orthopedics	FP01100110	8	17,000
977	Pelvic Osteotomy	Orthopedics	FP01100111	10	22,000
978	Percutaneous - Fixation of Fracture	Orthopedics	FP01100112	6	10,000
979	Prepatellar Bursa and Repair of MCL of Knee	Orthopedics	FP01100113	7	15,500
980	Reconstruction of ACL/PCL	Orthopedics	FP01100114	7	19,000
981	Retrocalcanal Bursa - Excision	Orthopedics	FP01100115	4	10,000
982	Sequestrectomy of Long Bones	Orthopedics	FP01100116	7	18,000
983	Shoulder Jacket (is it shoulder spica ?	Orthopedics	FP01100117	D	5,000
984	Sinus Over Sacrum Excision	Orthopedics	FP01100118	2	7,500
985	Skin Grafting	Orthopedics	FP01100119	2	7,500
986	Spinal Fusion	Orthopedics	FP01100120	10	22,000
987	Synovectomy	Orthopedics	FP01100121	7	18,000
988	Synovial Cyst - Excision	Orthopedics	FP01100122	1	7,500

989	Tendo Achilles Tenotomy	Orthopedics	FP01100123	1	5,000
990	Tendon Grafting	Orthopedics	FP01100124	3	18,000
991	Tendon Nerve Surgery of Foot	Orthopedics	FP01100125	1	2,000
992	Tendon Release	Orthopedics	FP01100126	1	2,500
993	Tenolysis	Orthopedics	FP01100127	2	8,000
994	Tenotomy	Orthopedics	FP01100128	2	8,000
995	Tension Band Wiring Patella	Orthopedics	FP01100129	5	12,500
996	Trigger Thumb	Orthopedics	FP01100130	D	2,500
997	Wound Debridement	Orthopedics	FP01100131	D	1,000
998	Application of Functional Cast Brace	Orthopedics	FP01100132	D	1,200
999	Application of P.O.P. casts for Upper & Lower Limbs	Orthopedics	FP01100133	D	850
1000	Application of P.O.P. Spicas & Jackets	Orthopedics	FP01100134	D	2,450
1001	Application of Skeletal Traction	Orthopedics	FP01100135	D	1,500
1002	Application of Skin Traction	Orthopedics	FP01100136	D	800
1003	Arthroplasty (joints) - Excision	Orthopedics	FP01100137	3	13,000
1004	Aspiration & Intra Articular Injections	Orthopedics	FP01100138	D	1,000
1005	Bandage & Stapping for Fractures	Orthopedics	FP01100139	D	600
1006	Close Reduction of Fractures of Limb & P.O.P.	Orthopedics	FP01100140	D	2,000
1007	Internal Wire Fixation of Mandible & Maxilla	Orthopedics	FP01100141	D	9,500
1008	Reduction of Compound Fractures	Orthopedics	FP01100142	1	4,000
1009	Reduction of Facial Fractures of Maxilla	Orthopedics	FP01100143	1	8,500
1010	Reduction of Fractures of Mandible & Maxilla - Cast Netal Splints	Orthopedics	FP01100144	2	5,500
1011	Reduction of Fractures of Mandible & Maxilla - Eye Let Splinting	Orthopedics	FP01100145	2	5,500
1012	Reduction of Fractures of Mandible & Maxilla - Gumming Splints	Orthopedics	FP01100146	2	5,500
1013	Accessory bone - Excision + Acromion reconstruction	Orthopedics	FP01100083	5	22,400
1014	Clavicle Surgery + Closed reduction and internal fixation with K wire	Orthopedics	FP01100147	3	19,000
1015	Fracture - Radius Internal Fixation + Fracture - Ulna Internal Fixation	Orthopedics	FP01100148	3	16,500
1016	Head radius - Excision + Fracture - Ulna Internal	Orthopedics	FP01100149	3	18,000

	Fixation				
1017	Clavicle Surgery + Closed Interlocking Intermedullary	Orthopedics	FP01100150	3	18900
1018	Close Fixation - Hand Bones +Closed Reduction and Internal Fixation	Orthopedics	FP01100151	3	13,300
1019	Close Fixation - Hand Bones +Closed Reduction and Internal Fixation with K wires	Orthopedics	FP01100152	3	18,900
1020	Closed Interlocking Intermedullary+Closed reduction and internal fixation with K wire	Orthopedics	FP01100153	3	16,800
1021	External fixation - Long bone +Fracture - Fibula Internal Fixation	Orthopedics	FP01100154	5	19,600
1022	Accessory bone - Excision+Fracture - Humerus Internal Fixation	Orthopedics	FP01100155	3	19,600
1023	Acromion reconstruction +Fracture - Humerus Internal Fixation	Orthopedics	FP01100156	7	23,100
1024	Fracture - Humerus Internal Fixation+Fracture - Olecranon of Ulna	Orthopedics	FP01100157	5	15,750
1025	Fracture - Fibula Internal Fixation+Fracture - TIBIA Internal Fixation	Orthopedics	FP01100158	7	17,850
1026	Fracture - Radius Internal Fixation+Fracture - Ulna Internal Fixation	Orthopedics	FP01100159	7	13,300
1027	Head radius - Excision+Fracture - Ulna Internal Fixation	Orthopedics	FP01100160	5	17,150
1028	Amputation - Arm+ Amputation - Digits	Orthopedics	FP01100161	5	19,500
1029	Fistulectomy+Sequestrectomy	Orthopedics	FP01100162	5	14,500
1030	Skin Grafting + Sequestrectomy of Long Bones	Orthopedics	FP01100163	7	18,500
1031	Acromion reconstruction +Percutaneous - Fixation of Fracture	Orthopedics	FP01100164	7	21,000
1032	Amputation - Forearm +Open Reduction Internal Fixation (Large Bone)	Orthopedics	FP01100165	7	18,200
1033	Arthorotomy + Open Reduction Internal Fixation (Large Bone)	Orthopedics	FP01100166	7	19,500
1034	Closed reduction and internal fixation with K wire+Open Reduction Internal Fixation (Large Bone)	Orthopedics	FP01100167	7	19,600

1035	Acromion reconstruction +Open Reduction with Plemister Grafting	Orthopedics	FP01100168	7	21,000
1036	Open Reduction Internal Fixation (Large Bone) +Open Reduction with Plemister Grafting	Orthopedics	FP01100169	7	18,500
1037	Open Reduction Internal Fixation (Large Bone) +Osteotomy -long bone	Orthopedics	FP01100170	7	14,500
1038	Open Reduction Internal Fixation (Large Bone) + Hip Region Surgery	Orthopedics	FP01100171	10	24,500
1039	Accessory bone - Excision+Exostosis - Femur - Excision	Orthopedics	FP01100172	7	18,900
1040	Debridement & closure - Major+ skin grafting	Orthopedics	FP01100173	7	10,150
1041	Tendon Grafting + skin grafting	Orthopedics	FP01100174	7	18,500
1042	Debridement & closure - Major+Open Reduction Internal Fixation (Large Bone)	Orthopedics	FP01100175	7	15,500
1043	Closed Interlocking Intermedullary+Debridement & closure - Major	Orthopedics	FP01100176	7	11,900
1044	Above elbow post-slab for Soft Tissue injury	Orthopedics	FP01100177	D	550
1045	Below knee post-slab for Soft tissue injury	Orthopedics	FP01100178	D	750
1046	Colles fracture Ant. or post, slab	Orthopedics	FP01100179	D	750
1047	Colles fracture Below elbow	Orthopedics	FP01100180	d	950
1048	Colles fracture Full plaster	Orthopedics	FP01100181	d	1,500
1049	Double hip spiky	Orthopedics	FP01100182	d	1,700
1050	Fingers (post, slab)	Orthopedics	FP01100183	d	250
1051	Fingers full plaster	Orthopedics	FP01100184	d	300
1052	Minerva Jacket	Orthopedics	FP01100185		1,500
1053	Plaster Jacket	Orthopedics	FP01100186	d	1,500
1054	Shoulder spika	Orthopedics	FP01100187	d	1,500
1055	Single hip spika	Orthopedics	FP01100188	d	1,500
1056	Strapping Ankle	Orthopedics	FP01100189	d	300
1057	Strapping Ball bandage	Orthopedics	FP01100190	d	450
1058	Strapping Chest	Orthopedics	FP01100191	d	450
1059	Strapping Collar and cuff sling	Orthopedics	FP01100192	d	300
1060	Strapping Elbow	Orthopedics	FP01100193	d	300
1061	Strapping Figure of 8 bandage	Orthopedics	FP01100194	d	450
1062	Strapping Finger	Orthopedics	FP01100195	d	200
1063	Strapping Knee	Orthopedics	FP01100196	d	350
1064	Strapping Nasal bone fracture	Orthopedics	FP01100197	d	400
1065	Strapping Shoulder	Orthopedics	FP01100198	d	250

1066	Strapping Toes	Orthopedics	FP01100199	d	150
1067	Strapping Wrist	Orthopedics	FP01100200	d	300
1068	Tube Plaster (or plaster cylinder)	Orthopedics	FP01100201	d	1050
1069 \$	Correction of club foot \$	Orthopedics	FP01100202	5 visits	10000
12. Paediatrics.					
1070	Abdomino Peritoneal (Exomphalos)	Paediatrics	FP01200001	5	13,000
1071	Anal Dilatation	Paediatrics	FP01200002	3	5000
1072	Anal Transposition for Ectopic Anus	Paediatrics	FP01200003	7	17000
1073	Chordee Correction	Paediatrics	FP01200004	5	10000
1074	Closure Colostomy	Paediatrics	FP01200005	7	12500
1075	Colectomy	Paediatrics	FP01200006	5	12000
1076	Colon Transplant	Paediatrics	FP01200007	3	18000
1077	Cystolithotomy	Paediatrics	FP01200008	3	7500
1078	Esophageal Atresia (Fistula)	Paediatrics	FP01200009	3	18000
1079	Gastrostomy	Paediatrics	FP01200010	5	15000
1080	Hernia - Diaphragmatic	Paediatrics	FP01200011	3	10000
1081	Hernia-Inguinal - Bilateral	Paediatrics	FP01200014	3	10000
1082	Hernia-Inguinal - Unilateral	Paediatrics	FP01200015	3	7000
1083	Meckel's Diverticulectomy	Paediatrics	FP01200016	3	12250
1084	Meniscectomy	Paediatrics	FP01200017	3	6000
1085	Orchidopexy - Bilateral	Paediatrics	FP01200019	2	7500
1086	Orchidopexy - Unilateral)	Paediatrics	FP01200020	2	5000
1087	Pyeloplasty	Paediatrics	FP01200022	5	15000
1088	Pyloric Stenosis (Ramsted OP)	Paediatrics	FP01200023	3	10000
1089	Rectal Polyp	Paediatrics	FP01200024	2	3750
1090	Resection & Anastomosis of Intestine	Paediatrics	FP01200025	7	17000
1091	Supra Pubic Drainage - Open	Paediatrics	FP01200026	2	4000
1092	Torsion Testis	Paediatrics	FP01200027	5	10000
1093	Tracheo Esophageal Fistula	Paediatrics	FP01200028	5	18750
1094	Ureterotomy	Paediatrics	FP01200029	5	10000
1095	Urethroplasty	Paediatrics	FP01200030	5	15000
1096	Vesicostomy	Paediatrics	FP01200031	5	12000
1097 #	neonatal jaundice #	Paediatrics	FP01200012	5	9500
1098#	Basic Package for Neo Natal Care (Package for Babies admitted for short term care for conditions like: Transient tachypnoea of newborn, Mild birth asphyxia, Jaundice requiring phototherapy, Hemorrhagic disease of newborn, Large for date	Paediatrics	FP01200013	<3	3,000

	babies (>4000 gm) for observational care)#				
1099#	Specialised Package for Neo Natal Care (Package for Babies admitted with mild-moderate respiratory distress, Infections/sepsis with no major complications, Prolonged/persistent jaundice, Assisted feeding for low birth weight babies (<1800 gms), Neonatal seizures)#	Paediatrics	FP01200018	3<X<8	5,500
1100	Advanced Package for Neo Natal Care (Low birth weight babies <1500 gm and all babies admitted with complications like Meningitis, Severe respiratory distress, Shock, Coma, Convulsions or Encephalopathy, Jaundice requiring exchange transfusion, NEC)#	Paediatrics	FP01200021	>8	12,000
13. Endocrine.					
1101	Adenoma Parathyroid - Excision	Endocrine	FP01300001	3	28000
1102	Adrenal Gland Tumour - Excision	Endocrine	FP01300002	5	35000
1103	Axillary lymphnode - Excision	Endocrine	FP01300003	3	21000
1104	Parotid Tumour - Excision	Endocrine	FP01300004	3	9000
1105	Pancreatectomy	Endocrine	FP01300005	7	55000
1106	splenectomy	Endocrine	FP01300006	5	13000
1107	Thyroid Adenoma Resection Enucleation	Endocrine	FP01300007	5	22000
1108	Total Thyroidectomy + Reconstruction	Endocrine	FP01300008	5	15000
1109	Trendal Burge Ligation and Stripping	Endocrine	FP01300009	3	9000
1110	Post Fossa	Endocrine	FP01300010	D	12000
1111	Excision of Lingual Thyroid	Endocrine	FP01300011		18500
14. Urology					
1112	Bladder Calculi- Removal	Urology	FP01400001	2	7000
1113	Bladder Tumour (Fulguration)	Urology	FP01400002	2	2000
1114	Correction of Extrophy of Bladder	Urology	FP01400003	2	1500
1115	Cystolithotomy	Urology	FP01400004	2	6000

1116	Cysto Gastrostomy	Urology	FP01400005	4	10000
1117	Cysto Jejunostomy	Urology	FP01400006	4	10000
1118	Dormia Extraction of Calculus	Urology	FP01400007	1	5000
1119	Drainage of Perinephric Abscess	Urology	FP01400008	1	7500
1120	Cystolithopexy	Urology	FP01400009	2	7500
1121	Excision of Urethral Carbuncle	Urology	FP01400010	1	5000
1122	Exploration of Epididymus (Unsuccessful Vasco vasectomy)	Urology	FP01400011	2	7500
1123	Urachal Cyst	Urology	FP01400012	1	4000
1124	Hydrospadius	Urology	FP01400013	2	10800
1125	Internal Urethrotomy	Urology	FP01400014	3	7000
1126	Litholapexy	Urology	FP01400015	2	7500
1127	Lithotripsy	Urology	FP01400016	2	11000
1128	Meatoplasty	Urology	FP01400017	1	2500
1129	Meatotomy	Urology	FP01400018	1	1500
1130	Neoblastoma	Urology	FP01400019	3	10000
1131	Nephrectomy	Urology	FP01400020	4	10000
1132	Nephrectomy (Renal tumour)	Urology	FP01400021	4	10000
1133	Nephro Uretrectomy	Urology	FP01400022	4	10000
1134	Nephrolithotomy	Urology	FP01400023	3	15000
1135	Nephropexy	Urology	FP01400024	2	9000
1136	Nephrostomy	Urology	FP01400025	2	10500
1137	Nephrourethrotomy (is it Nephrourethrectomy ?)	Urology	FP01400026	3	11000
1138	Open Resection of Bladder Neck	Urology	FP01400027	2	7500
1139	Operation for Cyst of Kidney	Urology	FP01400028	3	9625
1140	Operation for Double Ureter	Urology	FP01400029	3	15750
1141	Fturp	Urology	FP01400030	3	12250
1142	Operation for Injury of Bladder	Urology	FP01400031	3	12250
1143	Partial Cystectomy	Urology	FP01400032	3	16500
1144	Partial Nephrectomy	Urology	FP01400033	3	10000
1145	PCNL (Percutaneous nephro lithotomy) - Biilateral	Urology	FP01400034	3	18000
1146	PCNL (Percutaneous nephro lithotomy) - Unilateral	Urology	FP01400035	3	14000
1147	Post Urethral Valve	Urology	FP01400036	1	9000
1148	Pyelolithotomy	Urology	FP01400037	3	13500
1149	Pyeloplasty & Similar Procedures	Urology	FP01400038	3	12500
1150	Radical Nephrectomy	Urology	FP01400039	3	13000
1151	Reduction of Paraphimosis	Urology	FP01400040	D	1500
1152	Reimplanation of Urethra	Urology	FP01400041	5	17000

1153	Reimplantation of Bladder	Urology	FP01400042	5	17000
1154	Reimplantation of Ureter	Urology	FP01400043	5	17000
1155	Repair of Uretero Vaginal Fistula	Urology	FP01400044	2	12000
1156	Retroperitoneal Fibrosis - Renal	Urology	FP01400046	5	26250
1157	Retropubic Prostatectomy	Urology	FP01400047	4	15000
1158	Spleno Renal Anastomosis	Urology	FP01400048	5	13000
1159	Stricture Urethra	Urology	FP01400049	1	7500
1160	Suprapubic Cystostomy - Open	Urology	FP01400050	2	3500
1161	Suprapubic Drainage - Closed	Urology	FP01400051	2	3500
1162	Trans Vesical Prostatectomy	Urology	FP01400053	2	15750
1163	Transurethral Fulguration	Urology	FP01400054	2	4000
1164	TURBT (Transurethral Resection of the Bladder Tumor)	Urology	FP01400055	3	15000
1165	TURP + Circumcision	Urology	FP01400056	3	15000
1166	TURP + Closure of Urinary Fistula	Urology	FP01400057	3	13000
1167	TURP + Cystolithopexy	Urology	FP01400058	3	18000
1168	TURP + Cystolithotomy	Urology	FP01400059	3	18000
1169	TURP + Fistulectomy	Urology	FP01400060	3	15000
1170	TURP + Cystoscopic Removal of Stone	Urology	FP01400061	3	12000
1171	TURP + Nephrectomy	Urology	FP01400062	3	25000
1172	TURP + Orchiectomy	Urology	FP01400063	3	18000
1173	TURP + Suprapubic Cystolithotomy	Urology	FP01400064	3	15000
1174	TURP + TURBT	Urology	FP01400065	3	15000
1175	TURP + URS	Urology	FP01400066	3	14000
1176	TURP + Vesicolithotripsy	Urology	FP01400067	3	15000
1177	TURP + VIU (visual internal urethrotomy)	Urology	FP01400068	3	12000
1178	TURP + Haemorrhoidectomy	Urology	FP01400069	3	15000
1179	TURP + Hydrocele	Urology	FP01400070	3	18000
1180	TURP + Hernioplasty	Urology	FP01400071	3	15000
1181	TURP with Repair of Urethra	Urology	FP01400072	3	12000
1182	TURP + Herniorraphy	Urology	FP01400073	3	17000
1183	TURP (Trans-Urethral Resection of Bladder)Prostate	Urology	FP01400074	3	14250
1184	TURP + Fissurectomy	Urology	FP01400075	3	15000
1185	TURP + Urethrolithotomy	Urology	FP01400076	3	15000
1186	TURP + Urethral dilatation	Urology	FP01400077	3	15000
1187	Uretero Colic Anastomosis	Urology	FP01400078	3	8000

1188	Ureterolithotomy	Urology	FP01400079	3	10000
1189	Ureteroscopic Calculi - Bilateral	Urology	FP01400080	2	18000
1190	Ureteroscopic Calculi - Unilateral	Urology	FP01400081	2	12000
1191	Ureteroscopy Urethroplasty	Urology	FP01400082	3	17000
1192	Ureteroscopy PCNL	Urology	FP01400083	3	17000
1193	Ureteroscopic stone Removal And DJ Stenting	Urology	FP01400084	3	9000
1194	Urethral Dilatation	Urology	FP01400085	1	2250
1195	Urethral Injury	Urology	FP01400086	2	10000
1196	Urethral Reconstuction	Urology	FP01400087	3	10000
1197	Ureteric Catheterization - Cystoscopy	Urology	FP01400088	1	3000
1198	Uretrostomy (Cutanie)	Urology	FP01400089	3	10000
1199	URS + Stone Removal	Urology	FP01400090	3	9000
1200	URS Extraction of Stone Ureter - Bilateral	Urology	FP01400091	3	15000
1201	URS Extraction of Stone Ureter - Unilateral	Urology	FP01400092	3	10500
1202	URS with DJ Stenting With ESWL	Urology	FP01400093	3	15000
1203	URS with Endolitholopexy	Urology	FP01400094	2	9000
1204	URS with Lithotripsy	Urology	FP01400095	3	9000
1205	URS with Lithotripsy with DJ Stenting	Urology	FP01400096	3	10000
1206	URS+Cysto+Lithotomy	Urology	FP01400097	3	9000
1207	V V F Repair	Urology	FP01400098	3	15000
1208	Hypospadias Repair and Orchiopexy	Urology	FP01400099	5	16250
1209	Vesico uretero Reflux - Bilateral	Urology	FP01400100	3	13000
1210	Vesico Uretero Reflux - Unilateral	Urology	FP01400101	3	8750
1211	Vesicolithotomy	Urology	FP01400102	3	7000

1212	VIU (Visual Internal Urethrotomy)	Urology	FP01400103	3	7500
1213	VIU + Cystolithopexy	Urology	FP01400104	3	12000
1214	VIU + Hydrocelectomy	Urology	FP01400105	2	15000
1215	VIU and Meatoplasty	Urology	FP01400106	2	9000
1216	VIU for Stricture Urethra	Urology	FP01400107	2	7500
1217	VIU with Cystoscopy	Urology	FP01400108	2	7500
1218	Y V Plasty of Bladder Neck	Urology	FP01400109	5	9500
1219	Operation for ectopic ureter	Urology	FP01400111	3	9000
1220	TURP + Cystolithotripsy	Urology	FP01400113	3	12000
1221	TURP with removal of the verical calculi	Urology	FP01400114	3	12000
1222	TURP with vesicolithotomy	Urology	FP01400115	3	12000
1223	Ureteroscopic removal of lower ureteric	Urology	FP01400116	2	9000
1224	Ureteroscopic removal of ureteric calculi	Urology	FP01400117	2	7500
1225	Varicocele	Urology	FP01400118	1	3500
1226	VIU + TURP	Urology	FP01400119	2	12000
1227	Ureteric Catheterization - Cystoscopy+PCNL (Percutaneous nephro lithotomy) - Unilateral	Urology	FP01400045	2	12500
1228	Ureteric Catheterization - Cystoscopy+Pyelolithotomy	Urology	FP01400052	2	10500
1229	Bladder Calculi-Removal+Trans vesical prostatectomy	Urology	FP01400110	2	14500
1230	Stricture Urethra+TURP (Trans-Urethral Resection of Bladder)Prostate	Urology	FP01400112	2	15550
1231	Ureteroscopic Calculi - Unilateral+TURP (Trans-Urethral Resection of Bladder)Prostate	Urology	FP01400120	2	18550
1232	Bladder Calculi-Removal+Stricture Urethra	Urology	FP01400121	2	10150
1233	Ureteroscopic Calculi - Unilateral+Ureteric Catheterization - Cystoscopy	Urology	FP01400122	2	11250
1234	Ureteric Catheterization - Cystoscopy+Nephrolithotomy	Urology	FP01400123	5	10550
1235	Dilatation of urethera	Urology	FP01400124	D	750

1236	AV Shunt for dialysis	Urology	FP01400125	3	7500
1237	Haemoylasis per sitting	Urology	FP01400126	D	3000
15. Oncology					
1238	Adenoma Excision	Oncology	FP01500001	7	12000
1239	Adrenalectomy - Bilateral	Oncology	FP01500002	7	22800
1240	Adrenalectomy - Unilateral	Oncology	FP01500003	7	15000
1241	Carcinoma lip - Wedge excision	Oncology	FP01500004	5	8400
1242	Chemotherapy - Per sitting	Oncology	FP01500005	D	1200
1243	Excision Cartoid Body tumour	Oncology	FP01500006	5	15600
1244	Malignant ovarian	Oncology	FP01500007	5	18000
1245	Operation for Neoblastoma	Oncology	FP01500008	5	12000
1246	Partial Subtotal Gastrectomy & Ulcer	Oncology	FP01500009	7	18000
1247	Radiotherapy - Per sitting	Oncology	FP01500010	D	1800
16. Other commonly used procedures					
1248	Upto 30% burns first dressing	Other commonly used procedures	FP01600001	D	300
1249	Upto 30% burns subsequent dressing	Other commonly used procedures	FP01600002	D	200
1250	Dog Bite subject to completion of 5 injections plus dressing	Other commonly used procedures	FP01600003	D	2500
1251	Snake bite (poisonous)	Other commonly used procedures	FP01600004	5	10500
1252	MRI Head - Without Contrast	Other commonly used procedures	FP01600005	D	2500
1253	MRI Head - with Contrast	Other commonly used procedures	FP01600006	D	3500
1254	MRI Orbits - without Contrast	Other commonly used procedures	FP01600007	D	1700
1255	MRI Orbits - with Contrast	Other commonly used procedures	FP01600008	D	5000
1256	MRI Nasopharynx and PNS - Without Contrast	Other commonly used procedures	FP01600009	D	2500
1257	MRI Nasopharynx and PNS - with Constrast	Other commonly used procedures	FP01600010	D	5000
1258	MRI Neck - Without Contrast	Other commonly used procedures	FP01600011	D	2500
1259	MRI Neck - with Contrast	Other commonly used procedures	FP01600012	D	5000

1260	MRI Shoulder - Without Contrast	Other commonly used procedures	FP01600013	D	2500
1261	MRI Shoulder - with Contrast	Other commonly used procedures	FP01600014	D	5000
1262	MRI Shoulder both Joint - Without Contrast	Other commonly used procedures	FP01600015	D	2500
1263	MRI Shoulder both Joint - with Contrast	Other commonly used procedures	FP01600016	D	5000
1264	MRI Wrist Single Joint - Without Contrast	Other commonly used procedures	FP01600017	D	2500
1265	MRI Wrist Single Joint - with Contrast	Other commonly used procedures	FP01600018	D	5000
1266	MRI Wrist both Joint - Without Contrast	Other commonly used procedures	FP01600019	D	1000
1267	MRI Wrist both Joint - with Contrast	Other commonly used procedures	FP01600020	D	5000
1268	MRI Knee Single Joint - Without Contrast	Other commonly used procedures	FP01600021	D	2500
1269	MRI Knee Single Joint - with Contrast	Other commonly used procedures	FP01600022	D	5000
1270	MRI Knee both Joint - Without Contrast	Other commonly used procedures	FP01600023	D	2500
1271	MRI Knee both Joint - with Contrast	Other commonly used procedures	FP01600024	D	5000
1272	MRI Ankle Single - Without Contrast	Other commonly used procedures	FP01600025	D	2500
1273	MRI Ankle Single - with Contrast	Other commonly used procedures	FP01600026	D	5000
1274	MRI Ankle Both - Without Contrast	Other commonly used procedures	FP01600027	D	2500
1275	MRI Ankle Both - with Contrast	Other commonly used procedures	FP01600028	D	5000
1276	MRI Hip - Without Contrast	Other commonly used procedures	FP01600029	D	2500
1277	MRI Hip - with Contrast	Other commonly used procedures	FP01600030	D	5000
1278	MRI Pelvis - Without Contrast	Other commonly used procedures	FP01600031	D	2500
1279	MRI Pelvis - with Contrast	Other commonly used	FP01600032	D	5000

		procedures			
1280	MRI Extremities - Without Contrast	Other commonly used procedures	FP01600033	D	2500
1281	MRI Extremities - with Contrast	Other commonly used procedures	FP01600034	D	5000
1282	MRI Temporomandibular Single Joint - Without Contrast	Other commonly used procedures	FP01600035	D	2500
1283	MRI Temporomandibular Single Joint - with Contrast	Other commonly used procedures	FP01600036	D	5000
1284	MRI Temporomandibular Double Joints - Without Contrast	Other commonly used procedures	FP01600037	D	2500
1285	MRI Temporomandibular Double Joints - with contrast	Other commonly used procedures	FP01600038	D	5000
1286	MRI Abdomen - Without Contrast	Other commonly used procedures	FP01600039	D	2500
1287	MRI Abdomen - with Contrast	Other commonly used procedures	FP01600040	D	5000
1288	MRI Breast - Without Contrast	Other commonly used procedures	FP01600041	D	2500
1289	MRI Breast - with Contrast	Other commonly used procedures	FP01600042	D	5000
1290	MRI Spine Screening - Without Contrast	Other commonly used procedures	FP01600043	D	1000
1291	MRI Spine Screening - with Contrast	Other commonly used procedures	FP01600044	D	4000
1292	MRI Chest - Without Contrast	Other commonly used procedures	FP01600045	D	2500
1293	MRI Chest - with Contrast	Other commonly used procedures	FP01600046	D	5000
1294	MRI Cervical Spine - Without Contrast	Other commonly used procedures	FP01600047	D	1000
1295	MRI Cervical Spine - with Contrast	Other commonly used procedures	FP01600048	D	5000
1296	MRI Lumbar Spine - Without Contrast	Other commonly used procedures	FP01600049	D	2500
1297	MRI Lumbar Spine - with Contrast	Other commonly used procedures	FP01600050	D	5000
1298	MRI Screening - Without Contrast	Other commonly used procedures	FP01600051	D	1000

1299	MRI Screening - with Contrast	Other commonly used procedures	FP01600052	D	4000
1300	MRI Angiography - Without Contrast	Other commonly used procedures	FP01600053	D	1200
1301	MRI Angiography - with Contrast	Other commonly used procedures	FP01600054	D	5000
1302	Mammography (Single side)	Other commonly used procedures	FP01600055	D	450
1303	Mammography (Both sides)	Other commonly used procedures	FP01600056	D	540
1304	Pulmonary function test	Other commonly used procedures	FP01600057	D	430
1305	Fibroptic Bronchoscopy with Washing/Biopsy	Other commonly used procedures	FP01600058	D	1830
1306	Uroflow Study (Micturometry)	Other commonly used procedures	FP01600059	D	330
1307	Urodynamic Study (Cystometry)	Other commonly used procedures	FP01600060	D	400
1308	Cystoscopy with Retrograde Catheter - Unilateral	Other commonly used procedures	FP01600061	D	2620
1309	Cystoscopy with Retrograde Catheter - Bilateral	Other commonly used procedures	FP01600062	D	3300
1310	Cystoscopy Diagnostic	Other commonly used procedures	FP01600063	D	1570
1311	Cystoscopy with Bladder Biopsy	Other commonly used procedures	FP01600064	D	2000
1312	Cat Scan (C.T.) Head/ Brain - Without Contrast	Other commonly used procedures	FP01600065	D	900
1313	Cat Scan (C.T.) Head / Brain - with Contrast	Other commonly used procedures	FP01600066	D	1400
1314	C.T. Head Scan Involv. Spl. Investigation - Without Contrast	Other commonly used procedures	FP01600067	D	1400
1315	C.T. Head Involv. Spl. Investigation -with Contrast	Other commonly used procedures	FP01600068	D	1900
1316	C.T. Chest (HRCT) - Without Contrast	Other commonly used procedures	FP01600069	D	1700
1317	C.T. Chest (HRCT) - with Contrast	Other commonly used procedures	FP01600070	D	2140
1318	C.T. Spine (Cervical,Dorsal,Lumbar,	Other commonly used	FP01600071	D	1440

	Sacral) -Without Contrast	procedures			
1319	C.T. Spine (Cervical,Dorsal,Lumbar, Sacral) - with Contrast	Other commonly used procedures	FP01600072	D	2300
1320	C.T. Cervical C.T. 3D Reconstruction only	Other commonly used procedures	FP01600073	D	2945
1321	C.T. Guided Biopsy	Other commonly used procedures	FP01600074	D	1000
1322	C.T. Guided percutaneous cath drainage	Other commonly used procedures	FP01600075	D	1200
1323	C.T. Myelogram (Cervical Spine) - Without Contrast	Other commonly used procedures	FP01600076	D	1800
1324	C.T. Myelogram (Cervical Spine) - with Contrast	Other commonly used procedures	FP01600077	D	2558
1325	C.T. Myelogram (Lumbar Spine or D/S) - Without Contrast	Other commonly used procedures	FP01600078	D	2000
1326	C.T. Myelogram (Lumbar Spine or D/S)- with Contrast	Other commonly used procedures	FP01600079	D	2558
1327	C.T. Scan Chest - Without Contrast	Other commonly used procedures	FP01600080	D	1400
1328	C.T. Scan Chest - with Contrast	Other commonly used procedures	FP01600081	D	2325
1329	C.T. Scan Upper Abdomen - Without Contrast	Other commonly used procedures	FP01600082	D	1300
1330	C.T. Scan Upper Abdomen - with Contrast	Other commonly used procedures	FP01600083	D	2092
1331	C.T. Scan Lower Abdomen - Without Contrast	Other commonly used procedures	FP01600084	D	1680
1332	C.T. Scan Lower Abdomen - with Contrast	Other commonly used procedures	FP01600085	D	2092
1333	C.T. Scan Whole Abdomen - Without Contrast	Other commonly used procedures	FP01600086	D	2092
1334	C.T. Scan Whole Abdomen - with Contrast	Other commonly used procedures	FP01600087	D	3400
1335	C.T. Scan Neck (Thyroid Soft Tissue) - Without Contrast	Other commonly used procedures	FP01600088	D	1560
1336	C.T. Scan Neck (Thyroid Soft Tissue) - with Contrast	Other commonly used procedures	FP01600089	D	1940
1337	C.T. Scan Orbits - Without Contrast	Other commonly used procedures	FP01600090	D	1200

1338	C.T. Scan Orbits - with contract	Other commonly used procedures	FP01600091	D	1750
1339	C.T. Scan Limbs - Without Contrast	Other commonly used procedures	FP01600092	D	1700
1340	C.T. Scan Limbs - with Contrast	Other commonly used procedures	FP01600093	D	2300
1341	C.T. Scan Whole Body - Without Contrast	Other commonly used procedures	FP01600094	D	6700
1342	C.T. Scan Whole Body - with Contrast	Other commonly used procedures	FP01600095	D	9000
1343	C.T. Scan of Para Nasal Sinus - Without Contrast	Other commonly used procedures	FP01600096	D	1520
1344	C.T. Scan of Para Nasal Sinus - with Contrast	Other commonly used procedures	FP01600097	D	1860
1345	Whole Blood per unit	Other commonly used procedures	FP01600098	D	1200
1346	Platelets per unit	Other commonly used procedures	FP01600099	D	750
1347	Plasma per unit	Other commonly used procedures	FP01600100	D	750
1348	Packed cells per unit	Other commonly used procedures	FP01600101	D	1500
17. Medical procedures					
1349	General Ward :Unspecified Description of ailment to be written.	Medical procedures	FP01700001	n	750
1350	ICU-designated air conditioned space, with Standard ICU bed, equipment for the constant monitoring for vitals, emergency crash cart/tray, defibrillator, ventilators, suction pumps, bedside oxygen facility.	Medical procedures	FP01700002	n	1500
18. Medical conditions					
1351	Accidental organo phosphorus poisoning	Medical conditions	FP01800001	n	
1352	Acid peptic disease	Medical conditions	FP01800002	1	
1353	Acute and subacute endocarditis	Medical conditions	FP01800003	10	
1354	Acute asthamic attack	Medical conditions	FP01800004	3	
1355	Acute colitis	Medical conditions	FP01800005	3	

1356	Acute diarrhea with severe dehydration (grade 2 and above)	Medical conditions	FP01800006	2	
1357	Acute diarrhoea with moderate dehydration	Medical conditions	FP01800007	1	
1358	Acute Exarcebation of COPD	Medical conditions	FP01800008	6	
1359	Acute hepatitis A	Medical conditions	FP01800009	10	
1360	Acute hepatitis B	Medical conditions	FP01800010	10	
1361	Acute hepatitis B	Medical conditions	FP01800011	10	
1362	Acute Hytension - medical management	Medical conditions	FP01800012	3	
1363	Acute meningitis - fungal	Medical conditions	FP01800013	7	
1364	Acute meningitis - pyogenic	Medical conditions	FP01800014	7	
1365	Acute Myocardial infarction (conservative management)	Medical conditions	FP01800015	7	
1366	Acute otitis media	Medical conditions	FP01800016	2	
1367	Acute Pancreatitis	Medical conditions	FP01800017	7	
1368	Acute Pneumonia-/ consolidation Bacterial	Medical conditions	FP01800018	5	
1369	Acute renal colitis	Medical conditions	FP01800019	3	
1370	Acute renal failure	Medical conditions	FP01800020	10	
1371	Acute renal failure (plus dialysis)	Medical conditions	FP01800021	7	
1372	acute respiratory failure (including ventilator)	Medical conditions	FP01800022	7	
1373	Acute tubulo-interstitial nephritis	Medical conditions	FP01800023	7	
1374	Acute urinary infection	Medical conditions	FP01800024	3	
1375	Acute virall hepatitis (hepatitis A)	Medical conditions	FP01800025	7	
1376	Amoebiasis	Medical conditions	FP01800026	3	
1377	Amoebic abscess - liver	Medical conditions	FP01800027	5	
1378	Anemia – Severe Hb less than 6 gm/dl (plus blood transfusion units)	Medical conditions	FP01800028	5	
1379	Aneurysm - resection and grafting	Medical conditions	FP01800029	7	
1380	Angioplasty	Medical conditions	FP01800030	5	
1381	ASD / VSD repair	Medical conditions	FP01800031	7	
1382	Asthma Acute Status	Medical conditions	FP01800032	5	
1383	Bacterial pneumonia, not elsewhere classified	Medical conditions	FP01800033	7	

1384	Bronchiectasis	Medical conditions	FP01800034	7	
1385	Bronchitis, not specified as acute or chronic	Medical conditions	FP01800035	7	
1386	CABG	Medical conditions	FP01800036	10	
1387	Caudal Block Therapeutic (Cervical)	Medical conditions	FP01800037	D	
1388	Caudal Block Therapeutic (Lumbar)	Medical conditions	FP01800038	D	
1389	Cerebral infarction	Medical conditions	FP01800039	10	
1390	Chicken pox- complicated	Medical conditions	FP01800040	3	
1391	Chronic otitis media	Medical conditions	FP01800041	5	
1392	Chronic pancreatitis	Medical conditions	FP01800042	5	
1393	Chronic viral hepatitis	Medical conditions	FP01800043	10	
1394	Closed valvotomy	Medical conditions	FP01800044	10	
1395	Congetive cardiac failure	Medical conditions	FP01800045	5	
1396	Conjunctivitis (bacterial)	Medical conditions	FP01800046	3	
1397	Control of diabetic ketoacidosis	Medical conditions	FP01800047	3	
1398	Control of Hypertension	Medical conditions	FP01800048	5	
1399	COPD+ Respiratory Failure	Medical conditions	FP01800049	7	
1400	Dengue fever	Medical conditions	FP01800050	3	
1401	Dengue fever [classical dengue	Medical conditions	FP01800051	7	
1402	Dengue haemorrhagic fever	Medical conditions	FP01800052	10	
1403	Dengue h'agic fever (plus packed cell transfusion)	Medical conditions	FP01800053	5	
1404	Diarrhoea and gastroenteritis of presumed infectious origin	Medical conditions	FP01800054	3	
1405	Diphtheria	Medical conditions	FP01800055	7	
1406	Dysentery - bacterial	Medical conditions	FP01800056	4	
1407	Dysfunctional uterine bleeding	Medical conditions	FP01800057	7	
1408	Emphysema Acute Exacerbation	Medical conditions	FP01800058	3	
1409	Endocarditis	Medical conditions	FP01800059	5	
1410	Enteric fever	Medical conditions	FP01800060	5	
1411	Epiduro-fluroscopy Adhesiolysis (3 days stay)	Medical conditions	FP01800061	3	
1412	Essential (primary) hypertension	Medical conditions	FP01800062	3	

1413	Filariasis	Medical conditions	FP01800063	2	
1414	Food poisoning	Medical conditions	FP01800064	3	
1415	Gestational [pregnancy-induced] hypertension with significant proteinuria	Medical conditions	FP01800065	7	
1416	Gestational [pregnancy-induced] hypertension without significant proteinuria	Medical conditions	FP01800066	3	
1417	Heat stroke	Medical conditions	FP01800067	3	
1418	Hemiplegia / quadriplegia	Medical conditions	FP01800068	15	
1419	colitis	Medical conditions	FP01800069	2	
1420	Hepatis B	Medical conditions	FP01800070	5	
1421	Herpes Simplex	Medical conditions	FP01800071	7	
1422	Hyper Osmolar Non Ketotic Coma	Medical conditions	FP01800072	4	
1423	Insulin-dependent diabetes mellitus-Acute episode	Medical conditions	FP01800073	3	
1424	Interstitial lung diseases	Medical conditions	FP01800074	4	
1425	Intraarticular Ozone Knee package of 5sitting	Medical conditions	FP01800075	D	
1426	Intraarticular Steroid knee package of 5 sitting	Medical conditions	FP01800076	D	
1427	Intracerebral haemorrhage (ICU)	Medical conditions	FP01800077	10	
1428	Leprosy Reaction & Neuritis (T1R & T2R)	Medical conditions	FP01800078	10	
1429	Leprosy Ulcer Care With Stay	Medical conditions	FP01800079	10	
1430	Leptospirosis	Medical conditions	FP01800080	7	
1431	Localised cellulitis	Medical conditions	FP01800081	3	
1432	LRTI management	Medical conditions	FP01800082	4	
1433	Lung abscess /Empema	Medical conditions	FP01800083	4	
1434	Malaria - complicated	Medical conditions	FP01800084	5	
1435	Malaria - uncomplicated	Medical conditions	FP01800085	3	
1436	Malaria -cerebral	Medical conditions	FP01800086	7	
1437	Malnutrition-related diabetes mellitus	Medical conditions	FP01800087	5	
1438	Management of Pneumothorax	Medical conditions	FP01800088	5	
1439	Measles - complicated	Medical conditions	FP01800089	7	
1440	Measles - uncomplicated	Medical	FP01800090	2	

		conditions			
1441	Meningitis	Medical conditions	FP01800091	7	
1442	Mngt of Hemorrhagic Stroke/Strokes	Medical conditions	FP01800092	5	
1443	Mngt of Ischemic Strokes	Medical conditions	FP01800093	5	
1444	Multiple fractures	Medical conditions	FP01800094	10	
1445	Myalgia	Medical conditions	FP01800095	2	
1446	Neonatal jaundice due to other excessive haemolysis	Medical conditions	FP01800096	7	
1447	Neonatal jaundice from other and unspecified causes	Medical conditions	FP01800097	7	
1448	Nephrotic syndrom	Medical conditions	FP01800098	3	
1449	Non-insulin-dependent diabetes mellitus	Medical conditions	FP01800099	3	
1450	Orchitis	Medical conditions	FP01800100	2	
1451	Organ transplant	Medical conditions	FP01800101	10	
1452	Other acute viral hepatitis	Medical conditions	FP01800102	10	
1453	Other bacterial foodborne intoxications, not elsewhere classified	Medical conditions	FP01800103	2	
1454	Other Coagulation disorders (plus blood tranfusion units costs)	Medical conditions	FP01800104	2	
1455	Other nontraumatic intracranial haemorrhage	Medical conditions	FP01800105	10	
1456	Ozone Therapy + Nerve Block	Medical conditions	FP01800106	D	
1457	Ozone Therapy(Intradiscal Paraspinal package inculde admission one day + 4 follow up procedure)	Medical conditions	FP01800107	D	
1458	Pacemaker - permanent	Medical conditions	FP01800108		
1459	Pacemaker - temporary	Medical conditions	FP01800109		
1460	Peripheral neuritis/ neuropathy	Medical conditions	FP01800110	5	
1461	Pertussis	Medical conditions	FP01800111		
1462	Plague	Medical conditions	FP01800112		
1463	Plasmodium falciparum malaria	Medical conditions	FP01800113	5	
1464	Plasmodium malariae malaria	Medical conditions	FP01800114	5	
1465	Plasmodium vivax malaria	Medical conditions	FP01800115	5	
1466	Pneumonia	Medical conditions	FP01800116		

1467	Pneumonia due to Haemophilus influenzae	Medical conditions	FP01800117	7	
1468	Pneumonia due to other infectious organisms, not elsewhere classified	Medical conditions	FP01800118	5	
1469	Pneumonia due to Streptococcus pneumoniae	Medical conditions	FP01800119	7	
1470	Pneumonia in diseases classified elsewhere	Medical conditions	FP01800120	5	
1471	Pneumonia, organism unspecified	Medical conditions	FP01800121	5	
1472	Pneumothorax	Medical conditions	FP01800122	10	
1473	PUO Management(would include fevers - viral/bacterial/fungal/infection, etc)	Medical conditions	FP01800123	7	
1474	Respiratory tuberculosis, bacteriologically and histologically confirmed	Medical conditions	FP01800124	10	
1475	RTA Head Injury Mgt (conservative)	Medical conditions	FP01800125	3	
1476	Scabies	Medical conditions	FP01800126		
1477	Schizophrenia	Medical conditions	FP01800127		
1478	Scorpion sting	Medical conditions	FP01800128	2	
1479	Septic shock	Medical conditions	FP01800129	5	
1480	Septicemia	Medical conditions	FP01800130		
1481	Simple and mucopurulent chronic bronchitis	Medical conditions	FP01800131	3	
1482	status epilepsy	Medical conditions	FP01800132	5	
1483	Staus asthmaticus	Medical conditions	FP01800133	6	
1484	Stroke	Medical conditions	FP01800134		
1485	Stroke, not specified as haemorrhage or infarction	Medical conditions	FP01800135	15	
1486	Subarachnoid haemorrhage (ICU)	Medical conditions	FP01800136	7	
1487	Syphillis	Medical conditions	FP01800137		
1488	Systemic Lupus Erythematosus	Medical conditions	FP01800138	5	
1489	TB – pulmonary	Medical conditions	FP01800139		
1490	TB Meningitis	Medical conditions	FP01800140		
1491	Tetanus	Medical conditions	FP01800141		
1492	Thrombocytopenia (plus blood unit costs)	Medical conditions	FP01800142	3	
1493	Tonsillitis	Medical conditions	FP01800143		
1494	Trachoma	Medical	FP01800144		

		conditions			
1495	Transforaminal Block	Medical conditions	FP01800145	D	
1496	Tubercular meningitis	Medical conditions	FP01800146	10	
1497	Typhoid	Medical conditions	FP01800147		
1498	Typhoid and paratyphoid fevers	Medical conditions	FP01800148	7	
1499	Unspecified chronic bronchitis	Medical conditions	FP01800149	3	
1500	Unspecified diabetes mellitus	Medical conditions	FP01800150	3	
1501	Unspecified malaria	Medical conditions	FP01800151	5	
1502	Unspecified viral hepatitis	Medical conditions	FP01800152	10	
1503	Upper GI bleeding (conservative)	Medical conditions	FP01800153	3	
1504	Upper GI bleeding (endoscopic treatment)	Medical conditions	FP01800154	2	
1505	Urethritis - chlamydial	Medical conditions	FP01800155		
1506	Urethritis - gonococcal	Medical conditions	FP01800156		
1507	URI	Medical conditions	FP01800157		
1508	Valve replacement	Medical conditions	FP01800158		
1509	Vasculitis	Medical conditions	FP01800159	3	
1510	Viral and other specified intestinal infections	Medical conditions	FP01800160	3	
1511	Viral fever	Medical conditions	FP01800161		
1512	Viral meningitis	Medical conditions	FP01800162	7	
1513	Viral pneumonia, not elsewhere classified	Medical conditions	FP01800163	5	
1514	Vitamin A deficiency	Medical conditions	FP01800164		
1515	Screening			100 per visit	upto 10 visits during policy year
1516	Screening with basic diagnostics			150 per visit	
<ul style="list-style-type: none"> • Info on form and Preauthorisation required. • # Hospital registered with Neonatologist federation. • \$ only accredited hospitals • % as per NBTC guidelines. 					

More common interventions/procedures can be added by the insurer under specific system columns

Appendix 3A – Package Rates for Outpatient Benefits

Appendix 4 – Guidelines for Smart Card and other IT Infrastructure under RSBY

1. Introduction:

These guidelines provide in brief the technical specifications of the smart card, devices & infrastructure to be used under RSBY. The standardization is intended to serve as a reference, providing state government agencies with guidance for implementing an interoperable smart card based cashless health insurance programme.

While the services are envisaged by various agencies, the ownership of the project and thereby that of complete data – whether captured or generated as well as that of smart cards lies with the Government of India, Ministry of Labour and Employment.

In creating a common health insurance card across India, the goals of the smart health insurance card program are to:

- Allow verifiable & non repudiable identification of the health insurance beneficiary at point of transaction.
- Validation of available insurance cover at point of transaction without any documents
- Support multi-vendor scenario for the scheme
- Allow usage of the health insurance card across states and insurance providers

This document pertains to the stakeholders, tasks and specifications related to the Smart Card system only. It does not cover any aspect of other parts of the scheme. The stakeholders need to determine any other requirements for completion of the specified tasks on their own even if they may not be defined in this document.

2. Enrollment station

2.1. Components

Though three separate kinds of stations have been mentioned below, it is possible to club all these functionalities into a single workstation or have a combination of workstations perform these functionalities (2 or more enrollment stations, 1 printing station and 1 issuance station). The number of stations will be purely dependent on the load expected at the location.

The minimum requirements from each station are mentioned below:

The team should carry additional power back up in the event that electricity is not available for some time at site.

a. Common components

- i. Windows XP (all service packs) or above
- ii. Postgres database

- iii. Certified enrollment, personalisation & issuance software
 - iv. Data backup facility
- b. Enrollment station components
 - i. Computer with power backup for at least 8 hours
 - ii. 1 Optical biometric scanner for fingerprint capture
 - iii. 1 VGA camera for photograph capture
- c. Personalisation station components
 - i. Computer with power backup for at least 8 hours
 - ii. 2 PCSC compliant smart card readers (for FKO card & split card)
 - iii. Smart card printer with smart card encoder
- d. Issuance station components
 - i. Computer with power backup for at least 8 hours
 - ii. 2 PCSC compliant smart card readers (1 for FKO card, 1 for Beneficiary card,)
 - iii. 1 Optical Fingerprint scanner (for verification of FKO & beneficiary)

2.2. Specifications for hardware

- a. Computer
 - i. Capable of supporting all devices as mentioned above
- b. Fingerprint Scanner
 - i. The Fingerprint capture device at enrollment as well as verification should be single finger type.
 - ii. Kindly refer to the document “fingerprint_image_data_standard_ver.1.0 (2)” through the website www.egovstandards.gov.in. All specifications confirming to “Setting level 31” would be applicable for RSBY related enrollment and verification.
 - iii. The images should be stored in png format
 - iv. It is advisable that the best practices suggested in the document should be followed
- c. Camera

- i. Sensor: High quality VGA
 - ii. Still Image Capture: min 1.3 megapixels (software enhanced). Native resolution is 640 x 480
 - iii. Automatic adjustment for low light conditions
- d. Smart Card Reader
 - i. PCSC compliant
 - ii. Read and write all microprocessor cards with T=0 and T=1 protocols
- e. Smart card printer
 - i. Supports colour dye sublimation and monochrome thermal transfer
 - ii. Edge to edge printing standard
 - iii. Prints at least 150 cards/ hour in full color and up to 750 cards an hour in monochrome
 - iv. Minimum printing resolution of 300 dpi
 - v. Automatic and manual feeder for card loading
 - vi. USB Connectivity
 - vii. Printer Should have hardware/software protection to disallow unauthorized usage of Printer
 - viii. Inbuilt encoding unit to personalize Contact cards in a single pass
 - ix. Compatible to microprocessor chip personalization
 - x. Smart card printing ribbon as required

Note: The enrollment stations due to the nature of work involved need to be mobile and work under rural & rugged terrain. This should be of prime consideration while selecting the hardware matching the specifications given above.

3. Smart Cards

3.1. Specifications for Smart Cards

Card Operating System shall comply with SCOSTA standards ver.1.2b with latest addendum and errata (refer web site <http://scosta.gov.in>). The Smart Cards to be used must have the valid SCOSTA Compliance Certificate from National Informatics Center, New Delhi (refer <http://scosta.gov.in>). The exact smart card specifications are listed as below.

- a. SCOSTA Card
 - a. 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 by MoLE.
 - b. Compliant with **ISO/IEC 7816-1,2,3**
 - c. Compliant to **SCOSTA 1.2b Dt. 15 March 2002** with latest addendum and errata
 - d. Supply Voltage 3V nominal.

- e. Communication Protocol T=0 or T=1.
- f. Data Retention minimum 10 years.
- g. Write cycles minimum 100,000 numbers.
- h. Operating Temperature Range -25 to +55 Degree Celsius.
- i. Plastic Construction PVC or Composite with ABS with PVC overlay.
- j. Surface – Glossy.

3.2. Card layout

The detailed visual & machine readable card layout including the background image to be used is available on the website www.rsby.gov.in. It is mandatory to follow these guidelines for physical personalization of the RSBY beneficiary card.

For the chip personalization, detailed specification has been provided in the RSBY KMS document available on the website www.rsby.gov.in. Along with these NIC has issued specific component for personalization. It is mandatory to follow these specifications and use the prescribed component provided by NIC.

3.3. Cardholder authentication

- The cardholder would be authenticated based on their finger impression at the time of verification at the time of transaction as well as card reissuance or renewal.
- The authentication is 1:1 i.e. the fingerprint captured live of the member is compared with the one stored in the smart card.
- In case of new born child, when maternity benefit is availed under RSBY, the child shall be authenticated through fingerprint of any of the enrolled members on the card.
- In case of fingerprint verification failure, verification by any other authentic document or the photograph in the card may be done at the time of admission. By the time of discharge, the hospital/ smart card service provider should ensure verification using the smart card.

4. Software

The insurer must develop or procure the STQC certified Enrollment and Card Issuance software at their own cost. Software for conducting transactions at hospitals and managing any changes to the cards at the District kiosk will be the one provided/authorised by MoLE. In addition, the Insurer 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 hospitals and District kiosk, the cost would¹⁴¹

be borne as per terms of the tender.

Any software required by the Insurer apart from the ones being provided by MoLE would have to be developed or procured by the Insurer at their own cost.

5. Mobile Handheld Smart Card Device

These devices are standalone devices capable of reading & updating smart cards based on the programmed business logic and verifying live fingerprints against those stored on a smart card. These devices do not require a computer or a permanent power source for transacting.

These devices could be used for

- Renewal of policy when no modification is required to the card
- Offline verification and transacting at hospitals or mobile camps in case computer is not available.

The main features of these devices are:

- Reading and updating microprocessor smart cards
- Fingerprint verification
- They should be programmable with inbuilt security features to secure against tampering.
- Memory for data storage
- Capable of printing receipts without any external interface
- Capable of data transfer to personal computers and over GPRS, phone line
- Secure Application loading – Application loading to be secure using KEYS
- Rechargeable batteries

Specifications

- At least 2 Full size smart card reader and one SAM slot
- Display
- Keypad for functioning the application
- Integrated Printer
- Optical biometric verification capability with similar specifications as mentioned for Fingerprint scanners above in the hardware section
 - Allowing 1:1 search in the biometric module

- Capability to connect to PC, telephone, modem, GPRS or any other mode of data transfer
- PCI Compliance

6. PC based Smart Card Device

Where Computers are being used for transactions, additional devices would be attached to these computers. The computer would be loaded with the certified transaction software. The devices required for the system would be

6.1. Optical biometric scanner for fingerprint verification (specifications as mentioned for fingerprint devices in hardware section)

6.2. Smart card readers

2 Smart card readers would be required for each device, One each for hospital authority and beneficiary card

- PCSC compliant
- Read and write all microprocessor cards with T=0 and T=1 protocols

Other devices like printer, modem, etc may be required as per software. The same would be specified by the insurance company at the time of empanelling the hospital.

Appendix 5 – Draft MoU between Insurance Company and the Hospital

Service Agreement

Between

(Insert Name of the Hospital)

and

_____ Insurance Company Limited

This Agreement (Hereinafter referred to as "Agreement") made at _____ on this _____ day of _____ 20__.

BETWEEN

_____ (Hospital) an institution located in _____, having their registered office at _____ (here in after referred to as "Hospital", which expression shall, unless repugnant to the context or meaning thereof, be deemed to mean and include it's successors and permitted assigns) as party of the FIRST PART

AND

_____ Insurance Company Limited, a Company registered under the provisions of the Companies Act, 1956 and having its registered office _____ (hereinafter referred to as "Insurer" which expression shall, unless repugnant to the context or meaning thereof, be deemed to mean and include it's successors, affiliate and assigns) as party of the SECOND PART.

The (hospital) and Insurer are individually referred to as a "Party" or "party" and collectively as "Parties" or "parties")

WHEREAS

1. Hospital is a health care provider duly recognized and authorized by appropriate authorities to impart health care services to the public at large.
2. Insurer is registered with Insurance Regulatory and Development Authority to conduct general insurance business including health insurance services. Insurer has entered into an agreement with the Government of _____ wherein it has agreed to provide the health insurance services to identified Beneficiary families covered under Rashtriya Swasthya Bima Yojana.
3. Hospital has expressed its desire to join Insurer's network of hospitals and has represented that it has requisite facilities to extend medical facilities and treatment to beneficiaries as covered under RSBY Policy on terms and conditions herein agreed.
4. Insurer has on the basis of desire expressed by the hospital and on its representation agreed to empanel the hospital as empanelled provider for rendering complete health services.

In this **AGREEMENT**, unless the context otherwise requires:

1. the masculine gender includes the other two genders and vice versa;
2. the singular includes the plural and vice versa;
3. natural persons include created entities (corporate or incorporate) and vice versa;
4. marginal notes or headings to clauses are for reference purposes only and do not bear upon the interpretation of this **AGREEMENT**.
5. should any condition contained herein, contain a substantive condition, then such substantive condition shall be valid and binding on the **PARTIES** notwithstanding the fact that it is embodied in the definition clause.

In this **AGREEMENT** unless inconsistent with, or otherwise indicated by the context, the following terms shall have the meanings assigned to them hereunder, namely:

Definition

- A. Institution** shall for all purpose mean a Hospital.
- B. Health Services** shall mean all services necessary or required to be rendered by the Institution under an agreement with an insurer in connection with "health insurance business" or "health cover" as defined in regulation 2(f) of the IRDA (Registration of Indian Insurance Companies) Regulations, 2000 but does not include the business of an insurer and or an insurance intermediary or an insurance agent.
- C. Beneficiaries** shall mean the person/s that are covered under the RSBY health insurance scheme of Government of India and holds a valid smart card issued for RSBY.
- D. Confidential Information** includes all information (whether proprietary or not and whether or not marked as 'Confidential') pertaining to the business of the Company or any of its subsidiaries, affiliates, employees, Companies, consultants or business associates to which the Institution or its employees have access to, in any manner whatsoever.

- E. **Smart Card** shall mean Identification Card for BPL beneficiaries and other non-BPL beneficiaries (if applicable) issued under Rashtriya Swasthya Bima Yojana by the Insurer as per specifications given by Government. See Annexure 2 for details.

NOW IT IS HEREBY AGREED AS FOLLOWS:

**Article 1:
Term**

This Agreement shall be for a period of ___ years. However, it is understood and agreed between the Parties that the term of this agreement may be renewed yearly upon mutual consent of the Parties in writing, either by execution of a Supplementary Agreement or by exchange of letters.

**Article 2:
Scope of services**

1. The hospital undertakes to provide the service in a precise, reliable and professional manner to the satisfaction of Insurer and in accordance with additional instructions issued by Insurer in writing from time to time.
2. The hospital shall treat the beneficiaries of RSBY according to good business practice.
3. The hospital will extend priority admission facilities to the beneficiaries of the client, whenever possible.
4. The hospital shall provide packages for specified interventions/ treatment to the beneficiaries as per the rates mentioned in Annexure III. It is agreed between the parties that the package will include:

The charges for medical/ surgical procedures/ interventions under the Benefit package will be no more than the package charge agreed by the Parties, for that particular year. In the case of medical conditions, a flat per day rate will be paid depending on whether the patient is admitted in general or ICU.

These package rates (in case of surgical) or flat per day rate (in case of medical) will include:

- a. Registration Charges
 - b. Bed charges (General Ward in case of surgical),
 - c. Nursing and Boarding charges,
 - d. Surgeons, Anesthetists, Medical Practitioner, Consultants fees etc.
 - e. Anesthesia, Blood, Oxygen, O.T. Charges, Cost of Surgical Appliances etc,
 - f. Medicines and Drugs,
 - g. Cost of Prosthetic Devices, implants,
 - h. X-Ray and other Diagnostic Tests etc,
 - i. Food to patient
 - j. Expenses incurred for consultation, diagnostic test and medicines up to 1 day before the admission of the patient and cost of diagnostic test and medicine up to 5 days of the discharge from the hospital for the same ailment / surgery
 - k. Transportation Charge of Rs. 100/- (payable to the beneficiary at the time of discharge in cash by the hospital).
 - l. Any other expenses related to the treatment of the patient in the hospital.
5. The Hospital shall ensure that medical treatment/facility under this agreement should be provided with all due care and accepted standards is extended to the beneficiary.
 6. The Hospital shall allow Insurance Company official to visit the beneficiary. Insurer shall not interfere with the medical team of the hospital, however Insurer reserves the right to discuss the treatment plan with treating doctor. Further access to medical treatment records and bills prepared in the hospital will be allowed to Insurer on a case to case basis with prior appointment from the hospital.
 7. The Hospital shall also endeavor to comply with future requirements of Insurer to facilitate better services to beneficiaries e.g providing for standardized billing, ICD coding or etc and if mandatory by statutory requirement both parties agree to review the same.

8. The Hospital agrees to have bills audited on a case to case basis as and when necessary through Insurer audited team. This will be done on a pre agreed date and time and on a regular basis.
9. The hospital will convey to its medical consultants to keep the beneficiary only for the required number of days of treatment and carry only the required investigation & treatment for the ailment, which he is admitted. Any other incidental investigation required by the patient on his request needs to be approved separately by Insurer and if it is not covered under Insurer policy will not be paid by Insurer and the hospital needs to recover it from the patient

Article 3:
Identification of Beneficiaries

1. Smart Cards would be the proof of the eligibility of beneficiaries for the purpose of the scheme. The beneficiaries will be identified by the hospital on the basis of smart card issued to them. The smart card shall have the photograph and finger print details of the beneficiaries. The smart card would be read by the smart card reader. The patients/ relative's finger prints would also be captured by the bio metric scanner. The POS machine will identify a person if the finger prints match with those stored on the card. In case the patient is not in a position to give fingerprint, any other member of the family who is enrolled under the scheme can verify the patient's identity by giving his/ her fingerprint.
2. The Hospital will set up a Help desk for RSBY beneficiaries. The desk shall be easily accessible and will have all the necessary hardware and software required to identify the patients.
3. For the ease of the beneficiary, the hospital shall display the recognition and promotional material, network status, and procedures for admission supplied by Insurer at prominent location, including but not limited to outside the hospital, at the reception and admission counter and Casualty/ Emergency departments. The format for sign outside the hospital and at the reception counter will be provided by the Insurance Company.
4. It is agreed between the parties that having implemented smart cards, in case due to technological issues causing interruption in implementing, thereby causing interruption in continuous servicing, there shall be a migration to manual health cards, as provided by the vendor specified by Insurer, and corresponding alternative servicing process for which the hospital shall extend all cooperation.

Article 4:
Hospital Services- Admission Procedure

1. **Planned Admission**
It is agreed between the parties that on receipt of request for hospitalization on behalf of the beneficiary the process to be followed by the hospital is prescribed in Annexure I.
2. **Emergency admission**
 - 2.1. The Parties agree that the Hospital shall admit the Beneficiary (ies) in the case of emergency but the smart card will need to be produced and authenticated within 24 hours of the admission.
 - 2.2. Hospital upon deciding to admit the Beneficiary should inform/ intimate over phone immediately to the 24 hours Insurer's helpdesk or the local/ nearest Insurer office.
 - 2.3. The data regarding admission shall be sent electronically to the server of the insurance company
 - 2.4. If the package selected for the beneficiary is already listed in the package list then no pre- authorisation will be needed from the Insurance Company.
 - 2.5. If the treatment to be provided is not part of the package list then hospital will need to get the pre- authorisation from the Insurance Company as given in part 2 of Annexure 1.
 - 2.6. On receipt of the preauthorization form from the hospital giving the details of the ailments, for admission and the estimated treatment cost, which is to be forwarded within 12 hours

of admission, Insurer undertakes to issue the confirmation letter for the admissible amount within 12 hours of the receipt of the preauthorization form subject to policy terms & conditions.

- 2.7. In case the ailment is not covered or given medical data is not sufficient for the medical team to confirm the eligibility, Insurer can deny the guarantee of payment, which shall be addressed, to the Insured under intimation to the Hospital. The hospital will have to follow their normal practice in such cases.
- 2.8. Denial of Authorization/ guarantee of payment in no way mean denial of treatment. The hospital shall deal with each case as per their normal rules and regulations.
- 2.9. Authorization certificate will mention the amount guaranteed class of admission, eligibility of beneficiary or various sub limits for rooms and board, surgical fees etc. wherever applicable. Hospital must take care to ensure compliance.
- 2.10. The guarantee of payment is given only for the necessary treatment cost of the ailment covered and mentioned in the request for hospitalization. Any investigation carried out at the request of the patient but not forming the necessary part of the treatment also must be collected from the patient.
- 2.11. In case the sum available is considerably less than the estimated treatment cost, Hospital should follow their normal norms of deposit/ running bills etc., to ensure that they realize any excess sum payable by the beneficiaries not provided for by indemnity.

Article 5:

Checklist for the hospital at the time of Patient Discharge.

1. Original discharge summary, counterfoil generated at the time of discharge, original investigation reports, all original prescription & pharmacy receipt etc. must not be given to the patient. These are to be forwarded to billing department of the hospital who will compile and keep the same with the hospital.
2. The Discharge card/Summary must mention the duration of ailment and duration of other disorders like hypertension or diabetes and operative notes in case of surgeries.
3. Signature or thumb impression of the patient/ beneficiary on final hospital bill must be obtained.

Article 6:

Payment terms

1. Hospital will submit online claim report alongwith the discharge summary in accordance with the rates as prescribed in the Annexure [redacted] on a daily basis.
2. The Insurer will have to take a decision and settle the Claim within one month. In case the insurer decides to reject the claim then that decision also will need to be taken within one month.
3. However if required, Insurer can visit hospital to gather further documents related to treatment to process the case.
4. Payment will be done by Electronic Fund Transfer as far as possible.

Article 7:

Declarations and Undertakings of a hospital

1. The hospital undertakes that they have obtained all the registrations/ licenses/ approvals required by law in order to provide the services pursuant to this agreement and that they have the skills, knowledge and experience required to provide the services as required in this agreement.
2. The hospital undertakes to uphold all requirement of law in so far as these apply to him and in accordance to the provisions of the law and the regulations enacted from time to time, by the local bodies or by the central or the state govt. The hospital declares that it has never committed a criminal offence

which prevents it from practicing medicines and no criminal charge has been established against it by a court of competent jurisdiction.

**Article 8:
General responsibilities & obligations of the Hospital**

1. Ensure that no confidential information is shared or made available by the hospital or any person associated with it to any person or entity not related to the hospital without prior written consent of Insurer.
2. The hospital shall provide cashless facility to the beneficiary in strict adherence to the provisions of the agreement.
3. The hospital will have his facility covered by proper indemnity policy including errors, omission and professional indemnity insurance and agrees to keep such policies in force during entire tenure of the MoU. The cost/ premium of such policy shall be borne solely by the hospital.
4. The Hospital shall provide the best of the available medical facilities to the beneficiary.
5. The Hospital shall endeavor to have an officer in the administration department assigned for insurance/contractual patient and the officers will eventually learn the various types of medical benefits offered under the different insurance plans.
6. The Hospital shall to display their status of preferred service provider of RSBY at their reception/ admission desks along with the display and other materials supplied by Insurer whenever possible for the ease of the beneficiaries.
7. The Hospital shall at all times during the course of this agreement maintain a helpdesk to manage all RSBY patients. This helpdesk would contain the following:
 - a. Facility of telephone
 - b. Facility of fax machine
 - c. PC Computer
 - d. Internet/ Any other connectivity to the Insurance Company Server
 - e. PC enabled POS machine with a biometric scanner to read and manage smart card transactions to be purchased at a pre negotiated price from the vendor specified by Insurer. The maintenance of the same shall be responsibility of the vendor specified by Insurer.
 - f. A person to man the helpdesk at all times.
 - g. Get Two persons in the hospital trained

The above should be installed within 15 days of signing of this agreement. The hospital also needs to inform and train personnel on the handling of POS machine and also on the process of obtaining Authorization for conditions not covered under the list of packages, and have a manned helpdesk at their reception and admission facilities for aiding in the admission procedures for beneficiaries of RSBY Policy.

**Article 9:
General responsibilities of Insurer**

Insurer has a right to avail similar services as contemplated herein from other institution for the Health services covered under this agreement.

**Article 10:
Relationship of the Parties**

Nothing contained herein shall be deemed to create between the Parties any partnership, joint venture or relationship of principal and agent or master and servant or employer and employee or any affiliate or subsidiaries thereof. Each of the Parties hereto agree not to hold itself or allow its directors employees/agents/representatives to hold out to be a principal or an agent, employee or any subsidiary or affiliate of the other.

**Article 11:
Reporting**

In the first week of each month, beginning from the first month of the commencement of this Agreement, the hospital and Insurer shall exchange information on their experiences during the month and review the functioning of the process and make suitable changes whenever required. However, all such changes have to be in writing and by way of suitable supplementary agreements or by way of exchange of letters.

All official correspondence, reporting, etc pertaining to this Agreement shall be conducted with Insurer at its corporate office at the address _____.

**Article 12:
Termination**

1. Insurer reserves the right to terminate this agreement as per the guidelines issued by Ministry of Labour and Employment, Government of India as given in Annexure __:
2. This Agreement may be terminated by either party by giving one month's prior written notice by means of registered letter or a letter delivered at the office and duly acknowledged by the other, provided that this Agreement shall remain effective thereafter with respect to all rights and obligations incurred or committed by the parties hereto prior to such termination.
3. Either party reserves the right to inform public at large along with the reasons of termination of the agreement by the method which they deem fit.

**Article 13:
Confidentiality**

This clause shall survive the termination/expiry of this Agreement.

1. Each party shall maintain confidentiality relating to all matters and issues dealt with by the parties in the course of the business contemplated by and relating to this agreement. The Hospital shall not disclose to any third party, and shall use its best efforts to ensure that its, officers, employees, keep secret all information disclosed, including without limitation, document marked confidential, medical reports, personal information relating to insured, and other unpublished information except as maybe authorized in writing by Insurer. Insurer shall not disclose to any third party and shall use its best efforts to ensure that its directors, officers, employees, sub-contractors and affiliates keep secret all information relating to the hospital including without limitation to the hospital's proprietary information, process flows, and other required details.
2. In Particular the hospital agrees to:
 - a) Maintain confidentiality and endeavour to maintain confidentiality of any persons directly employed or associated with health services under this agreement of all information received by the hospital or such other medical practitioner or such other person by virtue of this agreement or otherwise, including Insurer's proprietary information, confidential information relating to insured, medicals test reports whether created/ handled/ delivered by the hospital. Any personal information relating to a Insured received by the hospital shall be used only for the purpose of inclusion/preparation/finalization of medical reports/ test reports for transmission to Insurer only and shall not give or make available such information/ any documents to any third party whatsoever.
 - b) Keep confidential and endeavour to maintain confidentiality by its medical officer, employees, medical staff, or such other persons, of medical reports relating to Insured, and that the information contained in these reports remains confidential and the reports or any part of report is not disclosed/ informed to the Insurance Agent / Advisor under any circumstances.
 - c) Keep confidential and endeavour to maintain confidentiality of any information relating to Insured, and shall not use the said confidential information for research, creating comparative

database, statistical analysis, or any other studies without appropriate previous authorization from Insurer and through Insurer from the Insured.

Article 14:
Indemnities and other Provisions

1. Insurer will not interfere in the treatment and medical care provided to its beneficiaries. Insurer will not be in any way held responsible for the outcome of treatment or quality of care provided by the provider.
2. Insurer shall not be liable or responsible for any acts, omission or commission of the Doctors and other medical staff of the hospital and the hospital shall obtain professional indemnity policy on its own cost for this purpose. The Hospital agrees that it shall be responsible in any manner whatsoever for the claims, arising from any deficiency in the services or any failure to provide identified service
3. Notwithstanding anything to the contrary in this agreement neither Party shall be liable by reason of failure or delay in the performance of its duties and obligations under this agreement if such failure or delay is caused by acts of God, Strikes, lock-outs, embargoes, war, riots civil commotion, any orders of governmental, quasi-governmental or local authorities, or any other similar cause beyond its control and without its fault or negligence.
4. The hospital will indemnify, defend and hold harmless the Insurer against any claims, demands, proceedings, actions, damages, costs, and expenses which the company may incur as a consequence of the negligence of the former in fulfilling obligations under this Agreement or as a result of the breach of the terms of this Agreement by the hospital or any of its employees or doctors or medical staff.

Article 15:
Notices

All notices, demands or other communications to be given or delivered under or by reason of the provisions of this Agreement will be in writing and delivered to the other Party:

- a. By registered mail;
- b. By courier;
- c. By facsimile;

In the absence of evidence of earlier receipt, a demand or other communication to the other Party is deemed given

- If sent by registered mail, seven working days after posting it; and
- If sent by courier, seven working days after posting it; and
- If sent by facsimile, two working days after transmission. In this case, further confirmation has to be done via telephone and e-mail.

The notices shall be sent to the other Party to the above addresses (or to the addresses which may be provided by way of notices made in the above said manner):

-if to the hospital:

Attn:
Tel :
Fax:

-if to _____

_____ insurance Company Limited

Miscellaneous

1. This Agreement together with any Annexure attached hereto constitutes the entire Agreement between the parties and supersedes, with respect to the matters regulated herein, and all other mutual understandings, accord and agreements, irrespective of their form between the parties. Any annexure shall constitute an integral part of the Agreement.
2. Except as otherwise provided herein, no modification, amendment or waiver of any provision of this Agreement will be effective unless such modification, amendment or waiver is approved in writing by the parties hereto.
3. Should specific provision of this Agreement be wholly or partially not legally effective or unenforceable or later lose their legal effectiveness or enforceability, the validity of the remaining provisions of this Agreement shall not be affected thereby.
4. The hospital may not assign, transfer, encumber or otherwise dispose of this Agreement or any interest herein without the prior written consent of Insurer, provided whereas that the Insurer may assign this Agreement or any rights, title or interest herein to an Affiliate without requiring the consent of the hospital.
5. The failure of any of the parties to insist, in any one or more instances, upon a strict performance of any of the provisions of this Agreement or to exercise any option herein contained, shall not be construed as a waiver or relinquishment of such provision, but the same shall continue and remain in full force and effect.
6. The hospital will indemnify, defend and hold harmless the Insurer against any claims, demands, proceedings, actions, damages, costs, and expenses which the latter may incur as a consequence of the negligence of the former in fulfilling obligations under this Agreement or as a result of the breach of the terms of this Agreement by the hospital or any of its employees/doctors/other medical staff.

7. Law and Arbitration

- a. The provisions of this Agreement shall be governed by, and construed in accordance with Indian law.
- b. Any dispute, controversy or claims arising out of or relation to this Agreement or the breach, termination or invalidity thereof, shall be settled by arbitration in accordance with the provisions of the (Indian) Arbitration and Conciliation Act, 1996.
- c. The arbitral tribunal shall be composed of three arbitrators, one arbitrator appointed by each Party and one another arbitrator appointed by the mutual consent of the arbitrators so appointed.
- d. The place of arbitration shall be _____ and any award whether interim or final, shall be made, and shall be deemed for all purposes between the parties to be made, in _____.
- e. The arbitral procedure shall be conducted in the English language and any award or awards shall be rendered in English. The procedural law of the arbitration shall be Indian law.
- f. The award of the arbitrator shall be final and conclusive and binding upon the Parties, and the Parties shall be entitled (but not obliged) to enter judgement thereon in any one or more of the highest courts having jurisdiction.
- g. The rights and obligations of the Parties under, or pursuant to, this Clause including the arbitration agreement in this Clause, shall be governed by and subject to Indian law.
- h. The cost of the arbitration proceeding would be born by the parties on equal sharing basis.

NON - EXCLUSIVITY

- A. Insurer reserves the right to appoint any other provider for implementing the packages envisaged herein and the provider shall have no objection for the same.

8. Severability

The invalidity or unenforceability of any provisions of this Agreement in any jurisdiction shall not affect the validity, legality or enforceability of the remainder of this Agreement in such jurisdiction or the validity, legality or enforceability of this Agreement, including any such provision, in any other jurisdiction, it being intended that all rights and obligations of the Parties hereunder shall be enforceable to the fullest extent permitted by law.

9. Captions

The captions herein are included for convenience of reference only and shall be ignored in the construction or interpretation hereof.

SIGNED AND DELIVERED BY the hospital.- the within named _____, by the Hand of _____ its Authorised Signatory

In the presence of:

SIGNED AND DELIVERED BY _____ INSURANCE COMPLAY LIMITED, the within named _____, by the hand of _____ it's Authorised Signatory

In the presence of:

Annex I

Hospital Services- Admission Procedure

Case 1: Package covered and sufficient funds available

- 1.1. Beneficiary approaches the RSBY helpdesk at the network hospital of Insurer.
- 1.2. Helpdesk verifies that beneficiary has genuine card issued under RSBY (Key authentication) and that the person carrying the card is enrolled (fingerprint matching).
- 1.3. After verification, a slip shall be printed giving the person's name, age and amount of Insurance cover available.
- 1.4. The beneficiary is then directed to a doctor for diagnosis.
- 1.5. Doctor shall issue a diagnosis sheet after examination, specifying the problem, examination carried out and line of treatment prescribed.
- 1.6. The beneficiary approaches the RSBY helpdesk along with the diagnostic sheet.
- 1.7. The help desk shall re-verify the card & the beneficiary and select the package under which treatment is to be carried out. Verification is to be done preferably using patient fingerprint, only in situations where it is not possible for the patient to be verified, it can be done by any family member enrolled in the card.
- 1.8. The terminal shall automatically block the corresponding amount on the card.
- 1.9. In case during treatment, requirement is felt for extension of package or addition of package due to complications, the patient or any other family member would be verified and required package selected. This would ensure that the Insurance Company is apprised of change in claim. The availability of sufficient funds is also confirmed thereby avoiding any such confusion at time of discharge.
- 1.10. Thereafter, once the beneficiary is discharged, the beneficiary shall again approach the helpdesk with the discharge summary.
- 1.11. After card & beneficiary verification, the discharge details shall be entered into the terminal.
- 1.12. In case the treatment is covered, beneficiary may claim the transport cost from the help desk by submitting ticket/ receipt for travel
- 1.13. In case treatment of one family member is under way when the card is required for treatment of another member, the software shall consider the insurance cover available after deducting the amount blocked against the package.
- 1.14. Due to any reason if the beneficiary does not avail treatment at the hospital after the amount is blocked the RSBY helpdesk would need to unblock the amount.

Case 2: In case of packages not covered under the scheme

- 2.1. Hospital shall take Authorization from Insurance companies in case of package not

- covered under the RSBY scheme.
- 2.2. Steps from 1.1 to 1.7
- 2.3. In case the line of treatment prescribed is not covered under RSBY, the helpdesk shall advise the beneficiary accordingly and initiate approval from Insurer manually (authorization request).
- 2.4. The hospital will fax to Insurer a pre-authorization request. Request for hospitalization on behalf of the beneficiary may be made by the hospital/consultant attached to the hospital as per the prescribed format. The preauthorization form would need to give the beneficiary's proposed admission along with the necessary medical details and the treatment planned to be administered and the break up of the estimated cost.
- 2.5. Insurer shall either approve or reject the request. In case Insurer approves, they will also provide the AL (authorization letter) number and amount authorized to the hospital via return fax. Authorization certificate will mention the amount guaranteed class of admission, eligibility of beneficiary or various sub limits for rooms and board, surgical fees etc. wherever applicable. Hospital must take care to ensure admission accordingly.
- 2.6. On receipt of approval the RSBY helpdesk would manually enter the amount and package details (authorization ID) into the helpdesk device. The device would connect to the server on-line for verification of the authorization ID. The server would send the confirmation (denial/approval) to the helpdesk device.
- 2.7. Steps 1.9 to 1.14

Case 3: In case of in-sufficient funds

In case the amount available is less than the package cost, the hospital shall follow the norms of deposit / running bills.

Steps from 1.1 to 1.7

3.1 In case of insufficient funds the balance amount could be utilized and the rest of the amount would be paid by the beneficiary after conformance of beneficiary.

3.2 The terminal would have a provision to capture the amount collected from the beneficiary.

Steps from 1.9 to 1.14.

**Annex 2
PROCESS NOTE FOR DE-EMPANELMENT OF HOSPITALS**

Background

This process note provides broad operational guidelines regarding De-empanelment of hospitals which are empanelled in RSBY. The process to be followed and roles of different stakeholders have been outlined.

Process to Be Followed For De-Empanelment of Hospitals:

Step 1 – Putting the Hospital on “Watch-list”

1. Based on the claims data analysis and/ or the hospital visits, if there is any doubt on the performance of a hospital, the Insurance Company or its representative can put that hospital in the watch list.
2. The data of such hospital shall be analysed very closely on a daily basis by the Insurance Company or its representatives for patterns, trends and anomalies.
3. The Insurance Company will immediately inform the State Nodal Agency also about the hospital which have been put in the watch list within 24 hours of this action.

Step 2 – Suspension of the Hospital

4. A hospital can be temporarily suspended in the following cases:
 - a. For the hospitals which are in the “Watch-list” if the Insurance Company observes continuous patterns or strong evidence of irregularity based on either claims data or field visit of hospitals, the hospital shall be suspended from providing services to RSBY patients and a formal investigation shall be instituted.
 - b. If a hospital is not in the “Watch-list”, but the insurance company observes at any stage that it has data/ evidence that suggests that the hospital is involved in any unethical practice/ is not adhering to the major clauses of the contract with the Insurance Company or their representatives/ involved in financial fraud related to RSBY patients, it may immediately suspend the hospital from providing services to RSBY patients and a formal investigation shall be instituted.
 - c. A directive is given by State Nodal Agency based on the complaints received directly or the data analysis/ field visits done by State Nodal Agency.

5. The Hospital, District Authority and SNA should be informed without fail of the decision of suspension of hospital within 6 hours of this action. At least 24 hours intimation must be given to the hospital prior to the suspension so that admitted patients may be discharged and no fresh admission can be done by the hospital.
6. For informing the beneficiaries, within 24 hrs suspension, an advertisement in the local newspaper 'mentioning about temporally stoppage of RSBY services' must be given by the Insurer. The newspaper and the content of message will be jointly decided by the insurer and the district Authority.
7. To ensure that suspension of the hospital results in their not being able to treat RSBY patients, a provision shall be made in the software so that hospital cannot send electronic claims data to the Insurance Company or their representatives.
8. A formal letter shall be send to the hospital regarding its suspension with mentioning the timeframe within which the formal investigation will be completed.

Step 3 - Detailed Investigation

9. The Insurance Company can launch a detailed investigation into the activities of a hospital in the following conditions:
 - a. For the hospitals which have been suspended.
 - b. Receipt of complaint of a serious nature from any of the stakeholders
10. The detailed investigation may include field visits to the hospitals, examination of case papers, talking with the beneficiaries (if needed), examination of hospital records etc.
11. If the investigation reveals that the report/ complaint/ allegation against the hospital is not substantiated, the Insurance Company would immediately revoke the suspension (in case it is suspended) and inform the same to the hospital, district and the SNA.
 - a. A letter regarding revocation of suspension shall be sent to the hospital within 24 hours of that decision.
 - b. Process to receive claim from the hospital shall be restarted within 24 hours.
12. For informing the beneficiaries, within 24 hrs of revoking the suspension, an advertisement in the local newspaper 'mentioning about activation of RSBY services' must be given by the Insurer. The newspaper and the content of message will be jointly decided by the insurer and the district Authority.

Step 4 - Action by the Insurance Company

13. If the investigation reveals that the complaint/allegation against the hospital is correct then following procedure shall be followed:
 - a. The hospital must be issued a "show-cause" notice seeking an explanation for the aberration and a copy of the show cause notice is sent to the State Nodal Agency.
 - b. After receipt of the explanation and its examination, the charges may be dropped or an action can be taken.
 - c. The action could entail one of the following based on the seriousness of the issue and other factors involved:
 - i. A warning to the concerned hospital,
 - ii. De-empanelment of the hospital.
14. The entire process should be completed within 30 days from the date of suspension.

Step 5 - Actions to be taken after De-empanelment

15. Once a hospital has been de-empanelled from RSBY, following steps shall be taken:
 - a. A letter shall be sent to the Hospital regarding this decision with a copy to the State Nodal Agency
 - b. MHC card of the hospital shall be taken by the Insurance Company and given to the District Key Manager
 - c. Details of de-empanelled hospital shall be sent by State Nodal Agency to MoLE so that it can be put on RSBY national website.
 - d. This information shall be sent to National Nodal Officers of all the other Insurance Companies which are working in RSBY.
 - e. An FIR shall be lodged against the hospital by the State Nodal Agency at the earliest in case the de-empanelment is on account of fraud or a fraudulent activity.
 - f. The Insurance Company which had de-empanelled the hospital, may be advised to notify the 155

- same in the local media, informing all beneficiaries about the de-empanelment, so that the beneficiaries do not utilize the services of that particular hospital.
- g. If the hospital appeals against the decision of the Insurance Company, all the aforementioned actions shall be subject to the decision of the concerned Committee.

Grievance by the Hospital

- 16. The hospital can approach the Grievance Redressal Committee for the redressal. The Grievance Redressal Committee will take a final view within 30 days of the receipt of representation. However, the hospital will continue to be de-empanelled till the time a final view is taken by the Grievance Redressal Committee.

The Grievance Redressal Mechanism has been developed separately and is available on RSBY website.

Special Cases for De-empanelment

In the case where at the end of the Insurance Policy if an Insurance Company does not want to continue with a particular hospital in a district it can de-empanel that particular hospital after getting prior approval the State Nodal agency and the District Key Manager. However, it should be ensured that adequate number of hospitals are available in the district for the beneficiaries.

Appendix 6 – Process Note For De-Empanelment of Hospitals

Background

This process note provides broad operational guidelines regarding De-empanelment of hospitals which are empanelled in RSBY. The process to be followed and roles of different stakeholders have been outlined.

Process to Be Followed For De-Empanelment of Hospitals:

Step 1 – Putting the Hospital on “Watchlist”

1. Based on the claims data analysis and/ or the hospital visits, if there is any doubt on the performance of a hospital, the Insurance Company or its representative can put that hospital in the watch list.
2. The data of such hospital shall be analysed very closely on a daily basis by the Insurance Company or its representatives for patterns, trends and anomalies.
3. The Insurance Company will immediately inform the State Nodal Agency also about the hospital which have been put in the watch list within 24 hours of this action.

Step 2 – Suspension of the Hospital

4. A hospital can be temporarily suspended in the following cases:
 - a. For the hospitals which are in the “Watchlist” if the Insurance Company observes continuous patterns or strong evidence of irregularity based on either claims data or field visit of hospitals, the hospital shall be suspended from providing services to RSBY patients and a formal investigation shall be instituted.
 - b. If a hospital is not in the “Watchlist”, but the insurance company observes at any stage that it has data/ evidence that suggests that the hospital is involved in any unethical practice/ is not adhering to the major clauses of the contract with the Insurance Company or their representatives/ involved in financial fraud related to RSBY patients, it may immediately suspend the hospital from providing services to RSBY patients and a formal investigation shall be instituted.
 - c. A directive is given by State Nodal Agency based on the complaints received directly or the data analysis/ field visits done by State Nodal Agency.
5. The SNA should be informed of the decision of suspension of hospital within 24 hours of this action.
6. To ensure that suspension of the hospital results in their not being able to treat RSBY patients, a provision shall be made in the software so that hospital cannot send electronic claims data to the Insurance Company or their representatives.
7. A formal letter shall be send to the hospital regarding its suspension with mentioning the timeframe within which the formal investigation will be completed.

Step 3 – Detailed Investigation

8. The Insurance Company can launch a detailed investigation into the activities of a hospital in the following conditions:
 - a. For the hospitals which have been suspended.
 - b. Receipt of complaint of a serious nature from any of the stakeholders
9. The detailed investigation may include field visits to the hospitals, examination of case papers, talking with the beneficiaries (if needed), examination of hospital records etc.
10. If the investigation reveals that the report/ complaint/ allegation against the hospital is not substantiated, the Insurance Company would immediately revoke the suspension (in case it is suspended) and inform the same to the SNA.
 - a. A letter regarding revocation of suspension shall be sent to the hospital within 24 hours of that decision.
 - b. The hospital will be activated within 25 hours to transact RSBY data and send electronic claims

Step 4 – Action by the Insurance Company

11. If the investigation reveals that the complaint/allegation against the hospital is correct then following procedure shall be followed:
 - a. The hospital must be issued a “show-cause” notice seeking an explanation for the aberration and a copy of the show cause notice is sent to the State Nodal Agency.
 - b. After receipt of the explanation and its examination, the charges may be dropped or an action can be taken.
 - c. The action could entail one of the following based on the seriousness of the issue and other factors involved:
 - i. A warning to the concerned hospital,
 - ii. De-empanelment of the hospital.
12. The entire process should be completed within 30 days from the date of suspension.

Step 5 – Actions to be taken after De-empanelment

13. Once a hospital has been de-empanelled from RSBY, following steps shall be taken:
 - a. A letter shall be sent to the Hospital regarding this decision with a copy to the State Nodal Agency
 - b. MHC card of the hospital shall be taken by the Insurance Company and given to the District Key Manager
 - c. Details of de-empanelled hospital shall be sent by State Nodal Agency to MoLE so that it can be put on RSBY national website.
 - d. This information shall be sent to National Nodal Officers of all the other Insurance Companies which are working in RSBY.
 - e. An FIR shall be lodged against the hospital by the State Nodal Agency at the earliest in case the de-empanelment is on account of fraud or a fraudulent activity.
 - f. The Insurance Company which had de-empanelled the hospital, may be advised to notify the same in the local media,, informing all beneficiaries about the de-158

empanelment, so that the beneficiaries do not utilize the services of that particular hospital.

- g. If the hospital appeals against the decision of the Insurance Company, all the aforementioned actions shall be subject to the decision of the concerned Committee.

Grievance by the Hospital

14. The hospital can approach the District Grievance Redressal Committee for the redressal. The District Grievance Redressal Committee will take a final view within 30 days of the receipt of representation. However, the hospital will continue to be de-empanelled till the time a final view is taken by the District Grievance Redressal Committee.

The Grievance Redressal Mechanism has been developed separately and is available on RSBY website.

Special Cases for De-empanelment

In the case where at the end of the Insurance Policy if an Insurance Company does not want to continue with a particular hospital in a district it can de-empanel that particular hospital after prior approval from the State Nodal agency and the District Key Manager. However, it should be ensured that adequate number of hospitals are available in the district for the beneficiaries.

Appendix 8 – Parameters to Evaluate Performance of the Insurance Company for Renewal

Criteria	
1. Enrolment of Beneficiaries – Efforts should be made to enroll as many RSBY beneficiary families in a districts as possible in the project districts of the Insurer#. This Insurer will get marks only if it enrolls at least 50% of the beneficiary families	50%-4 50-55%-5 55-60%-6 60-65%-7 65-70%-8 70-75%-9 >80%-10
2. Empanelment of Hospitals – At least 50% of the eligible Private health care providers(as per RSBY criteria) shall be empanelled in each district (This 50% will be based on the Numbers to be given by respective district administration)	50%-5 50-60%-7 60-70%-9 >70%-10
3. Setting Up of Hardware and Software in Empanelled Hospitals – All the empanelled hospitals shall be ready with the necessary hardware and software before the start of the policy period.	80-90%-5 90 to 99%-6 100%-10
4. District Kiosk and Call Centre Services shall be set up and functional before the start of the enrolment process.	50% dist –3 50-75% dist -4 75-90% dist-5 >90% -10
5. Providing Access, through their server, of claims settlement data to the State Nodal Agency from the time policy starts to the State server	7-14 days of start of policy – 8 Within 7 days – 9 On or Before Start of the Policy – 10
6. Claim Settlement – At least 75% of the Claims shall be settled by the Insurer within One Month of the receipt of the claim (insurance company will share the claim settlement details in the format as defined by the SNA on monthly basis. If the State server is operational in the State then this information is to be directly provided to the State server. No marks will be given if the insurer/TPA fails to submit this data).	<75% claim –6 75-80% claim -7 80-85% claim-8 85-90% claim-9 >90% -10
7. Records are maintained at District Kiosk and Call Centre for the services provided in the prescribed format and shared with State Nodal Agency	50% dist –5 50-75% dist -7 75-90% dist-9 >90% -10
8. Grievance Redressal with beneficiaries and hospitals shall be done in 30 days in 75% of the cases.	75% cases –6 75-80% cases -7 80-85% cases-8 85-90% cases-9 >90% cases -10

Note:

- a. Insurer need to get at least 50 marks out of 80 to be considered for automatic renewal. However if the insurance company scores ‘0’**

marks under criteria 6 then the company will not be eligible for the renewal.

- b. Insurer will share data at periodic intervals (to be decided between the insurer and State Government) on these criteria.**

Appendix 9 – Infrastructure and Manpower Related Requirements for Enrollment

It will be the responsibility of the Insurance Company to deploy resources as per details given below to cover entire enrollment data in each of project district:

Enrollment Kits - An enrollment kit includes at least A smart card printer, Laptop, two smart card readers, One fingerprint scanner, web camera, certified enrollment software and any other related software.

There should be minimum enrollment kits requirement as below:

No. of Enrollment Data in project district	Minimum number of Kits Required
<35000	10
35000 to 70000	15
70000 to 100000	20
100000 to 150000	30
150000 to 200000	40
200000 to 300000	60
>300000	75

Note: The insurance company will assure that:

- 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 the Insurance company and the district authorities.

Human Resources – Minimum manpower resource deployment as below:

- One operator per kit (Educational Qualification - minimum 12 pass, minimum 6 months of diploma/certificate in computer, preferably be from local district area, should be able to read, write and speak in Hindi/ local language)
- One supervisor per 5 operators (Educational Qualification - minimum Graduate, minimum 6 months of diploma/certificate in computer, preferably be from local district area, should be able to read, write and speak in Hindi / local language and English)
- One Technician per 10 Kits (Educational Qualification - minimum 12 pass and diploma in computer hardware, should be able to read, write and speak in Hindi/ local language and English)

- One IEC coordinator per 5 Kits
- One Manager per 5 supervisors (Educational Qualification - minimum post graduate, minimum 6 months of diploma/certificate in computer, should be able to read, write and speak in Hindi/ local language and English)
- These resources should be deployed from the first week of the start of the enrollment process in the district

A separate kit will be installed at block level CHC/PHC to cover beneficiaries of the entire block during the entire time period of enrollment in that block. A kit will also be installed and sub center till enrollment is running in its villages.

Timeline – These resources should be deployed from the first week of the start of the enrollment process in the district.

Appendix 10 – Details about DKMs and FKOs

The District Key Manager (DKM) is the key person in RSBY, responsible for executing very critical functions for the implementation of the scheme in the district.

Following are the key areas pertaining to the DKM appointment and responsibilities of the DKM:

1. Identifying and Appointing DKM

1.1 DKM Identification & Appointment

The State Government/ Nodal Agency will identify one DKM to every RSBY project district for RSBY implementation. The DKM shall be a senior government functionary at the district level.

a. Eligibility

Officials designated as DKM can be Chief Medical Officer, Project Officer, DRDA, Chief District Health Officer, Assistant District Collector (ADC)/ Additional District Magistrate (ADM), District Development Officer, District Labour Officer or equivalent as decided by the State Government.

b. Timeline

The DKM shall be appointed prior to signing of the agreement between the SNA & the Insurance Company.

1.2 Providing Information on DKM to Central Government

The State government/ Nodal agency will convey the details on DKM to the Central Key Generation Authority (CKGA).

a. Timeline

The information will be provided through RSBY portal under the State login of www.rsby.gov.in within seven days of signing the agreement with the Insurance Company.

1.3 Issuing personalized DKMA card by CKGA to State government/ Nodal agency

The CKGA shall issue personalized DKMA card to the respective State Government/ Nodal agency for distribution to the DKM based on the information from State Government/ Nodal agency.

The CGKA will also subsequently issue the Master Issuance Card (MIC), Master Hospital Card (MHC) and the Master Kiosk Card (MKC) based on request from State Government/ Nodal Agency.

a. Timeline

Personalized DKMA Card will be issued by CKGA within ten days of receipt of the information on DKM from State government/ Nodal agency.

1.4 Issuing personalized DKMA card by State government/ Nodal agency to DKM

The State government/ Nodal agency will issue DKMA card to the DKM at least seven days before start of the enrolment activities.

2. ROLES OF DISTRICT KEY MANAGER (DKM)

The DKM will be responsible for the overall implementation of RSBY in the district.

2.1 Roles of DKM

The roles and responsibilities of DKM are as given below:

a. Pre-Enrollment

- Receive the DKMA card from the State Nodal Agency and use them to issue three authority cards:
 - Field Key Officer (FKO) - Master Issuance Card - MIC
 - Hospital Authority - Master Hospital Card - MHC and
 - District Kiosk- Master Kiosk Card - MKC
- Issue FKO undertaking to the FKO along with the MIC
- Stock taking of cards to have a record of the number of cards received from the SNA for each type (MIC, MKC, and MHC), to whom distributed, on what date, and the details of missing/ lost/ damaged cards
- Understand the confidentiality and PIN related matters pertaining to the DKM and the MIC. Ensure security of Key cards and PIN.
- Ensure the training of FKOs, IT staff and other support staff at the district level
- Support the Insurance Company to organize District Workshop at least 15 days before commencement of enrollment
- Ensure that scheme related information has been given to the officials designated as the FKOs
- This information may be given either at the District workshops or in a separate meeting called by the district/ block level authorities
- Set up the dedicated DKM computer with the necessary hardware and software in his/ her office. Understand and know the DKM software and have the IT operator trained
- Understand the additional features and requirements for 64 KB card migration for all concerned viz. DKM, FKO, Hospital

- Issue MICs to FKOs according to the specified schedule. The data of issuance of cards will be stored on the DKMA computer automatically by the software and can be tracked. FKO card personalization is done by using data and fingerprint of the designated FKOs stored in the database on the DKMA computer.
- Issue the MHC within three days of receiving from the SNA to the Insurance Company or its representatives
- Issue MKC card within three days of receiving from the SNA to the Insurance Company or its representatives
- Check/ verify Insurance Company/ its intermediaries manpower and machines/ enrolment kits status as per the RSBY tender document
- Provide assistance to the insurer or its representatives in the preparation of panchayat/ municipality/ corporation- wise village wise route plan & enrolment schedule
- Ensure effective Information Education Communication (IEC) by the Insurance Company and lend all possible support
- Ensure empanelment of optimum number of eligible hospitals, both, public and private
- Ensure that hospitals are functional before the enrolment starts
- Ensure hospital training workshop is conducted by the insurance company and be present during such workshops
- Allocate space for setting up of the district kiosk by the Insurance Company free of cost or at a rent-free space. Ensure that district kiosk is functional before the enrolment starts

b. Enrollment

- Monitor and ensure the participation of FKOs in the enrollment process at the enrollment station and also fulfillment of their role
- Few extra FKOs should also be identified and issued MIC in case a designated FKO at a particular enrolment station is absent
- Provide support to the Insurance Company in the enrollment by helping them in coordinating with different stakeholders at the district, block, and panchayat levels
- Undertake field visit to the enrollment stations and record observations in the prescribed format (Link for the checklist to be added)
- Review the performance of Insurance Company as regards the enrolment status through periodic review meetings

c. Post enrollment

- Get the enrollment data downloaded from the MIC to the DKMA computer and then reissue the MICs to new FKOs after personalizing the same again
- In case of any discrepancy between numbers downloaded from MIC and the numbers mentioned by FKO in FKO undertaking, receive a note on the difference from the FKO and send the note to the SNA

- Collect Undertaking document from FKOs.
- Ensure that the enrolment teams submit the post enrolment signed data automatically created by the enrolment software and the same is downloaded on the DKMA computer within seven days
- Coordinate with the district administration to organize health camps for building awareness about RSBY and to increase the utilization/ hospitalization in the district
- Visit empanelled hospitals to check beneficiary facilitation and record observations as per standard format (Provide the link for hospital checklist)
- Hold grievance committee meetings on pre-scheduled days every month and ensure that necessary entries are made on the web site regarding all the complaints/ grievances received and decisions taken there on in the grievance committee
- Check the functioning of 24- hour Helpline on regular basis
- Communicate with State Nodal agency in case of any problem related to DKMA software, authority cards, or other implementation issues etc.
- Help SNA appointed agency/ NGO evaluate the Scheme implementation and its impact

d. On completion of enrolment

Prepare a report on issues related to empanelment of hospitals, enrolment, FKO feedback, and beneficiary data.

Field Key Officer (FKO)

The FKO is one of the key persons in RSBY and will carry out very critical functions which are necessary for the enrollment. FKOs are part of the Key Management System and along with DKM they are very critical for the success of the scheme. Following are the important points regarding FKOs and their roles:

1. Identity of FKO

The State Government/ Nodal Agency will identify and appoint FKOs in each district. The FKO should be a field level Government functionary. Some examples of the FKOs are Patwari, Lekhpal, Gram Vikas Adhikari, Panchayat Secretaries, etc.

2. Providing Information by State Government/ Nodal agency

SNA will provide detail on the number of FKO cards needed to the CKGA at Central Government in the prescribed format within 15 days of selection of the Insurance Company for that particular district. Generally the number of FKOs required would be directly proportional to the number of kits the insurance co plans to take to the field and to the number of families in the district. Hence it

would be advisable for the nodal agency to consult with the Insurance co and their TPA or Service provider for finalizing the requirement of FKOs

3. Training to FKOs

The DKM should ensure that scheme related information has been given to the officials designated as the FKOs. This information may be given either at the District workshops or in a separate meeting called by the district/ block officers. The insurance company should give them an idea of the task they are expected to perform at the same time and a single page note giving scheme related details should be handed over to the FKOs along with the MIC card. They should be clearly told the documents that may be used to verify a beneficiary.

4. Issuance of Master Issuance Card (MIC) by DKM

The MIC cards will be personalized by the DKM at the district level. number. of MIC cards provided by CKGA shall be enough to serve the purpose of enrollment within time frame. Some extra FKOs should also be identified and issued MIC card by the DKMA so that the enrollment team has a buffer in case some FKOs are absent on a given day. While issuing the cards to the FKOs it should be kept in mind that 1 MIC can store data for approximately 400 beneficiary families to which cards have been issued. In case an FKO is expected to issue cards to more than this number of families, multiple MIC cards may be issued to each FKO.

5. Role of FKOs

The roles of FKOs are as follows:

5.1 Pre-Enrollment

- a. Receive personalized Master Issuance Card (MIC) from the DKM after providing the fingerprint.
- b. Receive information about the name of the village (s) and the location (s) of the enrollment station (s) inside the village (s) for which FKO role have to be performed
- c. Receive the contact details of the Insurance Company or their field agency representative who will go to the location for enrollment
- d. Receive information about the date on which enrolment has to take place
- e. Provide their contact details to the DKM and the Insurance Company field representative
- f. Reach the enrollment station at the given time and date (Inform the Insurance Company a day in advance in case unable to come)
- g. Check on the display of the BPL list in the village
- h. Make sure that the FKO card is personalized with his/ her own details and fingerprints and is not handed over to anyone else at any time
- i. Should ensure that at least one card for every 400 beneficiaries expected at the enrollment camp is issued to him/ her i.e., in case the BPL list for a location is more than 400, they should get more than one MIC card

personalized with their details & fingerprints and carry with them for the enrollment.

5.2 Enrollment

- a. Ensure that the BPL list is displayed at the enrollment station
- b. Identify the beneficiary at the enrollment station either by face or with the help of identification document
- c. Make sure that the enrollment team is correcting the **name, gender** and **age** data of dependents in the field in case of any mismatch
- d. Make sure that the enrollment team **is not** excluding any member of the identified family that is present for RSBY enrollment
- e. Before the card is printed and personalized, should validate the enrolment by inserting his/ her smart card and providing fingerprint
- f. Once the card is personalized and printed, ensure that at least one member of the beneficiary family verifies his/her fingerprint against the one stored in the chip of the card, before it is handed over to the family
- g. Make sure that the smart card is handed over immediately to the beneficiary by the enrollment team after verification
- h. Make sure that the enrollment team is collecting only 30 ₹ from the beneficiaries
- i. Ensure that the details of all eligible (within RSBY limits of Head of family + spouse + three dependents) family members as per beneficiary list and available at the enrollment station are entered on the card and their fingerprints & photographs are taken
- j. Ensure that the enrollment team is providing a brochure to each beneficiary family along with the smart card
- k. Make sure that the smart card is given inside a plastic cover and beneficiaries are told not to laminate it
- l. If a beneficiary complains that their name is missing from the beneficiary list then make sure that this information is collected in the specified format and shared with the district administration
- m. If not all dependents of a beneficiary, eligible for enrollment are present at the camp, they should be informed that those can be added to the card at the District kiosk.

5.3 Post Enrollment

- a. Return the MIC to the DKM after the enrollment is over within Two days
- b. At the time of returning the card, ensure that the data is downloaded from the card and that the number of records downloaded is the same as the number he/ she verified at the camp. In case of any discrepancy, make a note of the difference and ask the DKM to send the card and the note back to CKGA
- c. Fill and submit an undertaking to the DKM in the prescribed format
- d. Hand over the representations collected at the enrollment camp to the DKMA.
- e. Receive the incentive from the State Government (if any)

Appendix 11 – Process for Cashless Treatment

The beneficiaries shall be provided treatment free of cost for all such ailments covered under the scheme within the limits / sub-limits and sum insured, i.e., not specifically excluded under the scheme. The hospital shall be reimbursed as per the package cost specified in the tender agreed for specified packages or as mutually agreed with hospitals in case of unspecified packages. The hospital, at the time of discharge, shall debit the amount indicated in the package list. The machines and the equipment to be installed in the hospitals for usage of smart card shall conform to the guidelines issued by the Central Government. The software to be used thereon shall be the one approved by the Central Government.

A. Cashless Access in case package is fixed

Once the identity of the beneficiary and/ or his/her family member is established by verifying the fingerprint of the patient (fingerprint of any other enrolled family member in case of emergency/ critical condition of the patient can be taken) and the smart card procedure given below shall be followed for providing the health care facility under package rates:

- a) It has to be seen that patient is admitted for covered procedure and package for such intervention is available.
- b) Beneficiary has balance in his/ her RSBY account.
- c) Provisional entry shall be made for carrying out such procedure. It has to be ensured that no procedure is carried out unless provisional entry is completed on the smart card through blocking of claim amount.
- d) At the time of discharge final entry shall be made on the smart card after verification of patient's fingerprint (any other enrolled family member in case of death) to complete the transaction.
- e) All the payment shall be made electronically within One Month of the receipt of electronic claim documents in the prescribed format.

B. Pre-Authorization for Cashless Access in case no package is fixed

Once the identity of the beneficiary and/ or his/her family member is established by verifying the fingerprint of the patient (fingerprint of any other enrolled family member in case of emergency/ critical condition of the patient can be taken) and the smart card, following procedure shall be followed for providing the health care facility not listed in packages:

- a) Request for hospitalization shall be forwarded by the provider after obtaining due details from the treating doctor in the prescribed format i.e. "request for authorization letter" (RAL). The RAL needs to be faxed/ emailed to the 24-hour authorization /cashless department at fax number/ email address of the insurer along with contact details of treating physician, as it would ease the process. The medical team of insurer would get in touch with treating physician, if necessary.

- b) The RAL should reach the authorization department of insurer within 6 hrs of admission in case of emergency or 7 days prior to the expected date of admission, in case of planned admission.
- c) In failure of the above “clause b”, the clarification for the delay needs to be forwarded with the request for authorization.
- d) The RAL form should be dully filled with clearly mentioned Yes or No. There should be no nil, or blanks, which will help in providing the outcome at the earliest.
- e) Insurer guarantees payment only after receipt of RAL and the necessary medical details. Only after Insurer has ascertained and negotiated the package with provider, shall issue the Authorization Letter (AL). This shall be completed within 12 hours of receiving the RAL.
- f) In case the ailment is not covered or given medical data is not sufficient for the medical team of authorization department to confirm the eligibility, insurer can deny the authorization or seek further clarification/ information.
- g) The Insurer needs to file a report to nodal agency explaining reasons for denial of every such claim.
- h) Denial of authorization (DAL)/guarantee of payment is by no means denial of treatment by the health facility. The health care provider shall deal with such case as per their normal rules and regulations.
- i) Authorisation letter [AL] will mention the authorization number and the amount guaranteed as a package rate for such procedure for which package has not been fixed earlier. Provider must see that these rules are strictly followed.
- j) The guarantee of payment is given only for the necessary treatment cost of the ailment covered and mentioned in the request for Authorisation letter (RAL) for hospitalization.
- k) The entry on the smart card for blocking as well at discharge would record the authorization number as well as package amount agreed upon by the hospital and insurer. Since this would not be available in the package list on the computer, it would be entered manually by the hospital.
- l) In case the balance sum available is considerably less than the Package, provider should follow their norms of deposit/running bills etc. However provider shall only charge the balance amount against the package from the beneficiary. Insurer upon receipt of the bills and documents would release the guaranteed amount.
- m) Insurer will not be liable for payments in case the information provided in the “request for authorization letter” and subsequent documents during the course of authorization, is found incorrect or not disclosed.

Note: In the cases where the beneficiary is admitted in a hospital during the current policy period but is discharged after the end of the policy period, the claim has to be paid by the insurance company which is operating during the period in which beneficiary was admitted.

Appendix 12 – Guidelines for the RSBY District Kiosk and Server

The insurance company will setup and operationalize the **district kiosk** and **district server** in all the project districts within 15 days of signing the contract with the State government.

1. District Kiosk

The district kiosk will be setup by the insurance company in all the project districts.

1.1. **Location of the district kiosk:** The district kiosk is to be located at the district headquarters. The State government may provide a place at the district headquarters to the insurance company to setup the district kiosk. It should be located at a prominent place which is easily accessible and locatable by beneficiaries. Alternatively, the insurance company can setup the district kiosk in their own district office.

1.2. **Specifications of the district kiosk:** The district kiosk should be equipped with at least the following hardware and software (according to the specifications provided by the Government of India),

1.2.1. Hardware components:

Computer (1 in number)	<ul style="list-style-type: none"> ▪ This should be capable of supporting all other devices required. ▪ It should be loaded with standard software as per specifications provided by the MoLE.
Fingerprint Scanner / Reader Module (1 in number)	<ul style="list-style-type: none"> ▪ Thin optical sensor ▪ 500 ppi optical fingerprint scanner (22 x 24mm) ▪ High quality computer based fingerprint capture (enrolment) ▪ Preferably have a proven capability to capture good quality fingerprints in the Indian rural environment ▪ Capable of converting fingerprint image to RBI approved ISO 19794-2 template. ▪ Preferably Bio API version 1.1 compliant
Camera (1 in number)	<ul style="list-style-type: none"> ▪ Sensor: High quality VGA ▪ Still Image Capture: up to 1.3 megapixels (software enhanced). Native resolution is 640 x 480 ▪ Automatic adjustment for low light conditions
Smartcard Readers (2 in number)	<ul style="list-style-type: none"> ▪ PC/SC and ISO 7816 compliant ▪ Read and write all microprocessor cards with T=0 and T=1 protocols ▪ USB 2.0 full speed interface to PC with simple command structure ▪ PC/SC compatible Drivers
Smart card printer (1 in number)	<ul style="list-style-type: none"> ▪ Supports Color dye sublimation and monochrome thermal transfer ▪ Edge to edge printing standard ▪ Integrated ribbon saver for monochrome printing

	<ul style="list-style-type: none"> ▪ Prints at least 150 cards/ hour in full color and up to 1000 cards an hour in monochrome ▪ Minimum Printing resolution of 300 dpi ▪ Compatible with Windows / Linux ▪ Automatic or manual feeder for Card Loading ▪ Compatible to Microprocessor chip personalization
Telephone Line (1 in number)	<ul style="list-style-type: none"> ▪ This is required to provide support as a helpline
Internet Connection	<ul style="list-style-type: none"> ▪ This is required to upload/send data

1.2.2. Software components:

Operating System	<ul style="list-style-type: none"> ▪ Vendor can adapt any OS for their software as long as it is compatible with the software
Database	<ul style="list-style-type: none"> ▪ Vendor shall adapt a secure mechanism for storing transaction data
System Software	<ul style="list-style-type: none"> ▪ District Server Application Software <ul style="list-style-type: none"> • For generation of URN • Configuration of enrollment stations • Collation of transaction data and transmission to state nodal agency as well as other insurance companies ▪ Beneficiary enrollment software ▪ Card personalization and issuance software ▪ Post issuance modifications to card ▪ Transaction system software <p>[NOTE: It is the insurance company's responsibility to ensure in-time availability of these softwares. All these softwares must conform to the specifications laid down by MoLE. Any modifications to the software for ease of use by the insurance company can be made only after confirmation from MoLE. All software would have to be certified by competent authority as defined by MoLE.]</p>

1.2.3. **Smart card:** The card issuance system should be able to personalize a 64KB NIC certified SCOSTA smart card for the RSBY scheme as per the card layout.

In addition to the above mentioned specifications, a **district kiosk card** (issued by the MoLE) should be available at the district kiosk.

1.3. **Purpose of the district kiosk:** The district kiosk is the focal point of activity at the district level, especially once the smart card is issued (i.e. post-issuance). Re-issuing lost cards, card splitting and card modification are all done at the district kiosk. Detailed specifications are available in the Enrollment specifications. It should be ensured that in a single transaction only one activity/ updation should be carried out over the card i.e., there

should not be a combination of card reissuance + modification or modification + split or reissuance + split. The district kiosk would also enable the business continuity plan in case the card or the devices fail and electronic transactions cannot be carried out. Following will be the principal functions of a district kiosk:

1.3.1. **Re-issuance of a card:** This is done in the following cases,

1.3.1.1. **The card is reported as lost or missing** through any of the channels mentioned by the smart card vendor/insurance company, or, the card is damaged.

1.3.1.1.1. At the district kiosk, based on the URN, the current Card serial number will be marked as hot-listed in the backend to prevent misuse of the lost/missing/damaged card.

1.3.1.1.2. The existing data of the beneficiary – including photograph, fingerprint and transaction details – shall be pulled up from the district server, verified by the beneficiary and validated using the beneficiary fingerprints.

1.3.1.1.3. The beneficiary family shall be given a date (based on SLA with state government) when the reissued card may be collected.

1.3.1.1.4. It is the responsibility of the insurance company to collate transaction details of the beneficiary family from their central server (to ensure that any transactions done in some other district are also available)

1.3.1.1.5. Card should be personalised with details of beneficiary family, transaction details and insurance details within the defined time using the District Kiosk Card (MKC) for key insertion.

1.3.1.1.6. The cost of the smart card would be paid by the beneficiary at the district kiosk, as prescribed by the nodal agency in the contract.

1.3.2. **Card splitting:** Card splitting is done to help the beneficiary to avail the facilities simultaneously at two diverse locations i.e. when the beneficiary wishes to split the insurance amount available on the card between two cards. The points to be kept in mind while performing a card split are:

1.3.2.1. The beneficiary needs to go to the district kiosk for splitting of card in case the card was not split at the time of enrollment.

1.3.2.2. The existing data including text details, images and transaction details shall be pulled up from the district server. (**Note: Card split may be carried out only if there is no blocked transaction currently on the card.**)

- 1.3.2.3. The fingerprints of any family member shall be verified against those available in card.
- 1.3.2.4. The splitting ratio should be confirmed from the beneficiary. Only currently available amount (i.e. amount insured – amount utilized) can be split between the two cards. The insured amount currently available in the main card is modified.
- 1.3.2.5. The cost of the additional smart card needs to be paid by the beneficiary at the district kiosk, as prescribed by Nodal Agency at the time of contract.
- 1.3.2.6. The beneficiary's existing data, photograph, fingerprint and transaction details shall be pulled up from the district server and a fresh card (add-on card) will be issued immediately to the beneficiary family. Both cards would have details of all family members.
- 1.3.2.7. The existing card will be modified and add on card issued using the MKC card
- 1.3.2.8. Fresh and modified data shall be uploaded to the central server as well.

1.3.3. **Card modifications:** This process is to be followed under the following circumstances,

- Only the head of the family was present at the time of enrollment and other family members need to be enrolled to the card, or, in case all or some of the family members are not present at the enrollment camp.
- In case of death of any person enrolled on the card, another family member from the same BPL list and other non-BPL beneficiary list (if applicable) is to be added to the card.

There are certain points to be kept in mind while doing card modification:

- 1.3.3.1. Card modification can only be done at the district kiosk of the same district where the original card was issued.
- 1.3.3.2. In case a split card was issued in the interim, both the cards would be required to be present at time of modification.
- 1.3.3.3. Card modification during the year can only happen under the circumstances already mentioned above.
- 1.3.3.4. It is to be ensured that only members listed on the original beneficiary list provided by the state are enrolled on the card. As in the case of enrollment, no modifications except to name, age and gender may be done.
- 1.3.3.5. A new photograph of the family may be taken (if all the members are present or the beneficiary family demands it).
- 1.3.3.6. Fingerprint of additional members needs to be captured.

- 1.3.3.7. Data of family members has to be updated on the chip of the card.
- 1.3.3.8. The existing details need to be modified in the database (local and central server).
- 1.3.3.9. The existing card will be modified using the MKC card

1.3.4. Transferring manual transactions to electronic system

- 1.3.4.1. In case transaction system, devices or card fails at the hospital, the hospital would inform the District kiosk and complete the transaction manually
- 1.3.4.2. Thereafter the card and documents would be sent across to the District Kiosk by the hospital
- 1.3.4.3. The district kiosk needs to check the reason for transaction failure and accordingly take action
- 1.3.4.4. In case of card failure
 - 1.3.4.4.1. The card should be checked and in case found to be non-functional, the old card is to be hotlisted and a new card re-issued as in the case of duplicate card.
 - 1.3.4.4.2. The new card should be updated with all the transactions as well
- 1.3.4.5. In case of software or device failure, the device or software should be fixed/ replaced at the earliest as per the SLA
- 1.3.4.6. The district kiosk should have the provision to update the card with the transaction.
- 1.3.4.7. The database should be updated with the transaction as well
- 1.3.4.8. The card should be returned to the Hospital for handing back to the beneficiary

2. District/ Insurance Company Server

The district/ Insurance Company server is responsibility of the insurance company and is required to:

- Set up and configure the Beneficiary data for use at the enrollment stations
- Collate the enrollment data including the fingerprints and photographs and send it on to MoLE periodically
- Collate the transaction data and send it on to MoLE periodically
- Ensure availability of enrolled data to District kiosk for modifications, etc at all times

- 2.1. **Location of the district server:** The district server may be co-located with the district kiosk or at any convenient location to enable technical support for data warehousing and maintenance.

2.2. **Specifications of the district server:** The minimum specifications for a district server have been given below, however the Insurance Company's IT team would have to arrive at the actual requirement based on the data sizing.

CPU	<ul style="list-style-type: none"> ▪ Intel Pentium 4 processor (2 GHz), 4 GB RAM, 250 GB HDD [Note: As per actual usage, additional storage capacity may be added.]
Operating System	<ul style="list-style-type: none"> ▪ Windows 2003
Database	<ul style="list-style-type: none"> ▪ SQL 2005 Enterprise Edition

3. Responsibilities of the Insurance Company/Smart Card Service Provider with respect to District Kiosk and District Server:

- 3.1.1. The insurance company needs to plan, setup and maintain the district server and district kiosk as well as the software required to configure the validated Beneficiary data for use in the enrollment stations.
- 3.1.2. Before enrolment, the insurance company / service provider will download the certified Beneficiary data from the RSBY website and would ensure that the complete, validated beneficiary data for the district is placed at the district server and that the URNs are generated prior to beginning the enrollment.
- 3.1.3. The enrollment kits should contain the validated beneficiary data for the area where enrollment is to be carried out.
- 3.1.4. The beneficiary and members of PRI should be informed at the time of enrollment about the location of district kiosk and its functions.
- 3.1.5. The insurance company needs to install and maintain the devices to read and update smart cards at the district kiosk and the empanelled hospitals. While the State Nodal Agency owns the hardware at the district kiosk, the hospital owns the hardware at the hospital.
- 3.1.6. It is the insurance company's responsibility to ensure in-time availability of the software(s) required, at the district kiosk and the hospital, for issuing Smart cards and for the usage of smart card services. All software(s) must conform to the specifications laid down by MoLE. Any modifications to the software(s) for ease of use by the insurance company can be made only after confirmation from MoLE. All software(s) would have to be certified by a competent authority as defined by MoLE.
- 3.1.7. It is the responsibility of the service provider to back up the enrollment and personalization data to the district server. This data (including photographs and fingerprints) will thereafter be provided to the MoLE in the prescribed format.

3.1.8. It is the responsibility of the Insurance Company or their service provider to set up a helpdesk and technical support centre at the district. The helpdesk needs to cater to beneficiaries, hospitals, administration and any other interested parties. The technical support centre is required to provide technical assistance to the hospitals for both the hardware & software. This may be co-located with the District Kiosk

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Appendix 13 – Specifications for the Hardware and Software for Empanelled Hospitals

Hardware

- TWO smart card readers with following configuration:
 - PCSC and ISO 7816 compliant
 - Read and write all microprocessor cards with T=0 and T=1 protocols
 - USB 2.0 full speed interface to PC with simple command structure

- ONE Biometric finger print recognition device with following configuration:
 - 5v DC 500mA (Supplied via USB port)
 - Operating temperature range: 0c to 40c
 - Operating humidity range: 10% to 80%
 - Compliance: FCC Home or Office Use, CE and C-Tick
 - 500 dpi optical fingerprint scanner (22 x 24mm)
 - USB 1.1 Interface
 - Drivers for the device should be available on Windows or Linux platform
 - High quality computer based fingerprint capture (enrolment)
 - Capable of converting Fingerprint image to RBI approved ISO 19794 template.

Software

- Transaction software for Hospitals approved by Ministry of Labour Welfare and Employment for RSBY

Maintenance Support

- ONE year warranty for all hardware devices supplied
- Free Service Calls for Software maintenance for 1 year
- Unlimited Telephonic Support

Appendix 14 – List of Public Hospitals to be Empanelled

Distri ct	Sr. No	Particulars of Institutions	Block	Tahsil/S ub-Tah	Are a
Bilaspur	1	Regional Hospital, Bilaspur	Bilaspur Sadar	Bilaspur Sadar	Urban
	2	Civil Hospital, Ghumarwin	Ghumarwin	Ghumarwin	Urban
	3	Community Health Centre, Markand	Bilaspur Sadar	Bilaspur Sadar	Rural
	4	Community Health Centre, Bharari	Ghumarwin	Ghumarwin	Rural
	5	Community Health Centre, Barthin	Jhandutta	Ghumarwin	Rural
	6	Community Health Centre, Jhandutta	Jhandutta	Jhandutta	Rural
	7	CHC Naina Devi at Ghawandal	Bilaspur Sadar	Naina Devi	Rural
Chamba	8	Regional Hospital, Chamba	Chamba	Chamba	Urban
	9	Civil Hospital, Dalhousie	Bhattiyat	Dalhousie	Urban
	10	Referral Hospital, Chowari	Bhattiyat	Bhattiyat	Urban
	11	Civil Hospital, Tissa	Tissa	Chaurah	Rural
	12	Community Health Centre, Sahoo	Chamba	Chamba	Rural
	13	Community Health Centre, Bharmaur	Brahmaur	Brahmaur	Rural
	14	Community Health Centre, Holi	Brahmaur	Holi	Rural
	15	Community Health Centre, Killar	Pangi	Pangi	Rural
	16	Community Health Centre, Choori	Mehla	Chamba	Rural
	17	Community Health Centre, Kihar	Saluni	Saluni	Rural
	18	Community Health Centre, Saluni	Saluni	Saluni	Rural
	19	Primary Health Centre, Purthi	Pangi	Pangi	Rural
	20	Primary Health Centre, Kakira	Bhattiyat	Bhattiyat	Rural
Hamir	21	Regional Hospital,	Hamirpur	Hamirpur	Urban

pur		Hamirpur			an
	22	Civil Hospital, Touni-Devi	Bamsan	Hamirpur	Rural
	23	Community Health Centre, Barsar	Bijhari	Barsar	Rural
	24	Community Health Centre, Nadaun	Nadaun	Nadaun	Urban
	25	Community Health Centre, Galod	Nadaun	Nadaun	Rural
	26	Community Health Centre, Sujanpur-Tira	Sujanpur-Tira	Sujanpur-Tira	Urban
	27	Community Health Centre, Bhoranj	Bhoranj	Bhoranj	Rural
Kangra	28	*Zonal Hospital, Dharamsala	Rait	Kangra	Urban
	29	*Dr.RPMCHosp.Kangra at Tanda	Nagrota	Kangra	Rural
	30	Ayurvedic College Hospital, Paprola	Baijnath	Baijnath	Urban
	31	*Civil Hospital, Palampur	Panchrukhi	Palampur	Urban
	32	*Civil Hospital, Nurpur	Nurpur	Nurpur	Urban
	33	*Civil Hospital, Dehra	Dera	Dera-Gopipur	Urban
	34	*Civil Hospital, Kangra	Kangra	Kangra	Urban
	35	*Civil Hospital, Baijnath	Baijnath	Baijnath	Urban
	36	Civil Hospital, Thural	Lambagaon	Jaisingpur	Rural
	37	*Community Health Centre, Jawalamukhi	Dera	Dera-Gopipur	Urban
	38	Community Health Centre, Indora	Indora	Indora	Rural
	39	Community Health Centre, Nagrota (B)	Nagrota (B)	Kangra	Urban
	40	Community Health Centre, Jawali	Nagrota Surian	Jawali	Rural
	41	Community Health Centre, Nagrota Surian	Nagrota Surian	Jawali	Rural
	42	Community Health Centre, Shahpur	Rait	Kangra	Rural
	43	Community Health Centre, Fatehpur	Fatehpur	Fatehpur	Rural
	44	Community Health	Baijnath	Baijnath	Rur

		Centre, Chadhiar			al
	45	Community Health Centre, Dadasiba	Pragpur	Kaswa-Kotla	Rural
	46	Community Health Centre, Bhawarna	Bhawarna	Palampur	Rural
	47	Primary Health Centre, Gopalpur	Panchrukhi	Palampur	Rural
Kinnaur	48	Regional Hospital, Reckong-Peong	Kalpa	Kalpa	Rural
	49	Project Hosp. Bhawanagar			
	50	Community Health Centre, Pooh	Poo	Poo	Rural
	51	Community Health Centre, Sangla	Kalpa	Sangla	Rural
	52	Primary Health Centre, Tapri	Nichar	Nichar	Rural
Kullu	53	Regional Hospital, Kullu	Kullu	Kullu	Urban
	54	Civil Hospital, Banjar	Banjar	Banjar	Urban
	55	Community Health Centre, Manali	Nagar	Manali	Urban
	56	Community Health Centre, Ani	Ani	Ani	Rural
	57	Community Health Centre, Dalash	Ani	Ani	Rural
	58	Community Health Centre, Nermand	Nermand	Nermand	Rural
	59	Community Health Centre, Jari	Kullu	Kullu	Rural
L & Spiti	60	Regional Hospital, Keylong	Lahul	Lahul	Rural
	61	Community Health Centre, Udaipur	Lahul	Udaipur	Rural
	62	Community Health Centre, Shansha	Lahul	Lahul	Rural
	63	Community Health Centre, Kaza	Spiti	Spiti	Rural
	64	Primary Health Centre, Tabo	Spiti	Spiti	Rural
Mandi	65	Netaji Subhash Chander Bose Zonal Hospital, Mandi	Mandi	Mandi	Urban
	66	Civil Hospital, Sundernagar	Sundernagar	Sundernagar	Urban
	67	Referral Hospital,	Gopalpur	Sarkaghat	Urban

		Sarkaghat			an
	68	Civil Hospsital, Joginder Nagar	Drang	Jogindern agar	Urb an
	69	Civil Hospital, Karsog	Karsog	Karsog	Rur al
	70	Civil Hospital, Sandhol	Dharampur	Sandhol	Rur al
	71	Community Health Centre, Padhar	Drang	Padhar	Rur al
	72	Community Health Centre, Kotli	Rewalsar(B alh)	Kotli	Rur al
	73	Community Health Centre, Gohar	Gohar	Chachyot	Rur al
	74	Community Health Centre, Baldwara	Gopalpur	Sarkaghat	Rur al
	75	Community Health Centre, Ratti	Mandi Sadar	Mandi Sadar	Rur al
	76	Community Health Centre, Bagsaid	Gohar	Chachyot	Rur al
	77	Community Health Centre, Dharampur	Dharampur	Dharamp ur	Rur al
	78	Community Health Centre, Janjehli	Seraj	Chachyot	Rur al
	79	Primary Health Centre, Rewalsar	Rewalsar(B alh)	Mandi	Urb an
	80	Primary Health Centre, Nagwain	Mandi- Sadar	Mandi	Rur al
	81	Primary Health Centre, Chauntra	Chauntra	Jogindern agar	Rur al
Shimla	82	*DDU Zonal Hospital, Shimla	Mashobra	Shimla (U)	Urb an
	83	*Indira Gandhi Hospital, Shimla	Mashobra	Shimla (U)	Urb an
	84	*Kamla Nehru Hospital, Shimla	Mashobra	Shimla (U)	Urb an
	85	Govt. Dental College and Hospital Shimla	Mashobra	Shimla (U)	Urb an
	86	Regional Ayurvedic Hospital, Shimla	Mashobra	Shimla (U)	Urb an
	87	Civil Hospital, Junga	Mashobra	Junga	Rur al
	88	Civil Hospital, Kotgarh	Narkanda	Kumharsa in	Rur al
	89	*Mahatma Gandhi Medical Services Complex Khaneri (Rampur)	Rampur	Rampur	Urb an

	90	*Civil Hospital, Theog	Theog	Theog	Urban
	91	Civil Hospital, Jubbal	Jubbal	Jubbal	Urban
	92	Civil Hospital, Chaupal	Chaupal	Chaupal	Urban
	93	*Civil Hospital, Rohru	Rohru	Rohru	Urban
	94	Civil Hospital, Nerua	Chaupal	Nerua	Rural
	95	Community Health Centre, Kotkhai	Jubbal	Kotkhai	Urban
	96	Community Health Centre, Chirgaon	Chhohara	Chirgaon	Rural
	97	Community Health Centre, Kumharsain	Narkanda	Kumharsain	Rural
	98	Community Health Centre, Nankhari	Rampur	Nankhari	Rural
	99	Community Health Centre, Sunni	Basantpur	Seoni	Urban
	100	Primary Health Centre, Kupvi	Chaupal	Nerwa	Rural
	101	Primary Health Centre, Mashobra	Mashobra	Shimla (R)	Rural
Sirmaur	102	Regional Hospital, Nahan	Nahan	Nahan	Urban
	103	Civil Hospital, Rajgarh	Rajgarh	Rajgarh	Urban
	104	Civil Hospital, Paonta	Paonta	Paonta Sahib	Urban
	105	Referral Hospital, Dadahu	Sangrah	Dadahu	Rural
	106	Civil Hospital, Sarahan	Pachhad	Pachhad	Rural
	107	Community Health Centre, Shillai	Shalai	Shalai	Rural
	108	Community Health Centre, Sangrah	Sangrah	Renuka	Rural
	109	Primary Health Centre, Naura-Dhar	Sangrah	Renuka	Rural
Solan	110	Regional Hospital, Solan	Solan	Solan	Urban
	111	Civil Hospital, Chail	Kandaghat	Kandaghat	Rural
	112	Civil Hospital, Kandaghat	Kandaghat	Kandaghat	Rural
	113	E.S.I. Hospital, Parwanoo	Dharampur	Kasauli	Urban

	11 4	Civil Hospital, Arki	Kunihar	Arki	Urban
	11 5	Community Health Centre, Nalagarh	Nalagarh	Nalagarh	Urban
	11 6	Community Health Centre, Dharampur	Dharampur	Kasuali	Rural
	11 7	Primary Health Centre, Darlaghat	Kunihar	Arki	Rural
	11 8	Primary Health Centre, Chandi	Dharampur	Kasuali	Rural
	11 9	Community Health Centre, Kunihar	Kunihar-	Kunihar-	-Rural
Una	12 0	Regional Hospital, Una	Una	Una	Urban
	12 1	Civil Hospital, Chintpurni	Amb	Amb	Rural
	12 2	Community Health Centre, Haroli	Haroli	Haroli	Rural
	12 3	Community Health Centre, Daulatpur	Gagret	Amb	Urban
	12 4	Community Health Centre, Gagret	Gagret	Amb	Urban
	12 5	Community Health Centre, Bangana	Bangana	Bangana	Rural
	12 6	Community Health Centre, Amb	Amb	Amb	Rural
	12 7	Primary Health Centre, Amlehar	Amb	Amb	Rural
	12 8	Primary Health Centre, Thanakalan	Bangana	Bangana	Rural

List of Ayurvedic Hospital to be empanelled

District	Sr. No.	Name of Ayurvedic Hospital
Bilaspur	1	District Ayurvedic Hospital Bilaspur
	2	Ayurvedic Hospital Kandraur, Bilaspur
Chamba	1	District Ayurvedic Hospital, Chamba
	2	Ayurvedic Hospital, Bharmour, Chamba
Hamirpur	1	District Ayurvedic Hospital, Hamirpur
	2	Ayurvedic Hospital, Kadiar, Hamirpur
	3	Jain Muni Ayurvedic Manvi, Hamirpur
Kangra	1	District Ayurvedic Hospital, Dharamshala
	2	Halder Kona Ayurvedic Hospital, Kangra
	3	Ayurvedic Hospital Dehra, Kangra
	4	Ayurvedic Hospital Harsar, Kangra

Kinnaur	1	District Ayurvedic Hospital Recong Peo
Kullu	1	Ayurvedic Hospital Katrain, Kullu
L&Spiti	1	District Ayurvedic Hospital, Keylong
Mandi	1	District Ayurvedic Hosptial, Mandi
	2	Ayurvedic Hospital Jogindernagar, Mandi
Shimla	1	Ayurvedic Hospital, Rampur, Shimla
	2	Ayurvedic Hospital, Rohru, Shimla
Sirmaur	1	District Ayurvedic Hosptial, Nahan
Solan	1	Ayurvedic Hospital Nalagarh, Solan
Una	1	District Ayurvedic Hospital, Una
	2	Ayurvedic Hospital Ispur, Una

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Appendix 15 – Qualifying Criteria for the TPAs

1. License:

The TPAs shall be Licensed by IRDA.

2. Year of Operations:

The TPA shall have a minimum TWO years of operation since the registration.

3. Size /Infrastructure:

The TPA shall have covered a Cumulative of 10 million Lives Servicing in past THREE years (2008-09, 2009-10, 2010-11)

4. MIS:

The TPA shall have experience of working in Information Technology intensive environment.

5. Quality

ISO Certification (ISO 9001:2000) for Quality Process

Appendix 16 – Guidelines for Technical Bid Qualification

These guidelines are to be used by the committee members who are conducting the evaluation of technical bids qualification for the Rashtriya Swasthya Bima Yojana (RSBY). Please note the following:

1. The process for assessing the technical bid is as follows
 - a. Open the envelopes marked “Technical proposal” on it.
 - b. After reading through the bid, let one of them fill up Criteria with the agreement of others.
 - c. All the bidders who fulfills all the Essential Criteria are declared successful.
 - d. The evaluator has to sign on every page.
2. Inform the selected bidders to be present for the opening of the financial bid on the specified date and time

Appraisal of the technical proposal

Bidder No	Bidder Name	Number of separate documents ¹ (including annexes)
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		

ESSENTIAL CRITERIA

No	CRITERIA (Yes / No)	B	B	B-	B	B-	B	B-	B	B	B-	B	B
		- 1	- 2	3	- 4	5	- 6	7	- 8	- 9	10	- 11	- 12
1	The bidder has provided the document as per Annexure A												
2	The bidder is registered with the Insurance Regulator (or) is enabled by a Central legislation to undertake insurance related activities. (Annexure B)												
3	The Insurer has to provide an undertaking expressing their explicit agreement to adhere with the details of the scheme. (Annexure C)												

4	The Insurer has to provide an undertaking that it will only engage agencies, like the TPA and Smart Card Service Providers, fulfilling the necessary criteria. (Annexure D)												
	List of Additional Packages for common medical and surgical interventions/ procedures: Annexure E												
5	Previous experience with RSBY as per Annexure F												
6	The Insurer will provide a certificate from Actuary as per Annexure G												

¹ A document is considered separate if it is stapled / bound as a single entity. Even a one page covering letter should be considered as a separate document.

Any other remarks _____

For Annexure 5 and 6 a “Nil” document is acceptable.

If the answer to any one of the above criteria is “No”, then that particular bid is rejected.

Reasons for rejection of any particular bidder

<i>Name of reviewer</i>	<i>Organization</i>	<i>Designation</i>	<i>Signature</i>
