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GOVERNMENT OF NAGALAND

State Health Society
Department of Health & Family Welfare
Nagaland, Kohima

Selection of "Insurance Companies" for implementation of RSBY in 11 districts of Nagaland

Office of the Mission Director,
National Health Mission, Nagaland
State Nodal Agency (SNA) RSBY
Directorate of Health & Family Welfare
Below Nagaland Civil Secretariat Complex, Ruziezou, Kohima- 797 001
Telefax: 0370- 2270565/ 2270222 / 2270565
email: nrhmnagaland @gmail.com, rsby.hfw@gmail.com

TENDER DOCUMENT

Implementation of

"Rashtriya Swasthya Bima Yojana"

and

Senior Citizens Health Insurance Scheme

In the State of Nagaland

Government of Nagaland

Department of Health & Family Welfare

State Health Society

National Health Mission

Released on 17th May 2016

Fact Sheet

Tender reference No	No: NL/ NHM/ RSBY/ Tender/ 2015-16/ Dt ..... May 2016
Date of issue of Tender Document	17th May 2016
Pre-bid meeting venue	O/o The Mission Director (NHM), Nagaland, Kohima
Date and Time for pre-bid meeting	23rd May 2016 at 3.00pm
Last Date and Time for submission of Bids	24th May 2016 at 12.00pm
Venue, Date & Time of opening Financial Bids	27 th May 2016 at 3.00pm
Contact Person, Phone No.	Mission Director (NHM), Nagaland, Kohima Telefax: 0370- 2270212/ 8575133474 (M)
Email id	nrhmnagaland@gmail.com, rsby.hfw@gmail.com
Address for Communication:	State Nodal Agency (RSBY), O/o The Mission Director (NHM), Directorate of Health & Family Welfare Below Nagaland Civil Secretariat Complex, Ruziezou, Kohima- 797 001
Complete Tender details	As given below.

Complete sets of tender documents will be available for free download by interested centrally empanelled bidders from web portal of the State Government at the website **www.nhmnagaland.in**.

- It will be in the interest of the bidders to familiarize themselves with the e-Procurement system to ensure smooth preparation and submission of the tender documents.
- The bidders are advised to submit the bids well in advance of the deadline as the State Nodal Agency (RSBY) will not be liable or responsible for non-submission of the bids on account of any technical glitches or any problems in connectivity services used by the bidder.

GOVT OF NAGALAND
STATE HEALTH SOCIETY, NATIONAL HEALTH MISSION
DEPARTMENT OF HEALTH & FAMILY WELFARE
NAGALAND :: KOHIMA

No: NL/ NHM/ RSBY/ Tender/ 2015-16/ Dated Kohima the ..... May 2016

NOTICE INVITING TENDER

RASHTRIYA SWASTHYA BIMA YOJANA
and
SENIOR CITIZENS HEALTH INSURANCE SCHEME [SCHIS]
(A scheme to provide health insurance coverage to the unorganized sector workers)

Competitive Quotations are invited from **Insurance Companies** (Licensed with Insurance Regulatory and Development Authority) to carry on the health insurance for implementation of Rashtriya Swasthya Bima Yojana (RSBY) for approved category of families in **11 Districts namely <Dimapur, Longleng, Kiphire, Kohima, Mokokchung, Mon, Peren, Phek, Tuensang, Wokha & Zunheboto>**

The tender document for this may be downloaded from the website www.nrhmnagaland.in. The technical and financial bid should be submitted as detailed in the tender document.

The Technical and Financial bids will be evaluated by the Bid/Tender Evaluation Committee duly constituted by the **State Government**. Financial bids of only the centrally empanelled bidders shall be opened by the State Government for awarding of the contract. The following schedule will be observed in this regard.

1.	Notice Inviting Tender	: 17th May 2016
2.	Pre-Bid Meeting	: 23rd May 2016 at 3.00pm
3.	Last date for submission of bid	: 24th May 2016 at 12.00pm
4.	Opening of Technical bids	: 26th May 2016 at 3.00pm
5.	Opening of Financial bids	: 27th May 2016 at 3.00pm

All correspondence/ communication regarding the scheme should be made at the address given below along with the cost of Tender Document amounting to Rs. 2000.00 (Rupees two thousand only) by cheque or demand draft in favour of SHS-RSBY (IFSC: BARB0KOHIMA)

State Nodal Agency (SNA) RSBY
(Room No: 302)
Directorate of Health & Family Welfare
Below Nagaland Civil Secretariat Complex, Ruziezou, Kohima- 797 001
Telefax: 0370- 2270212/ 8575133474 (M)
email: nrhmnagaland @gmail.com, rsby.hfw@gmail.com

Note:

- **The SNA holds every right for accepting or rejecting any bid under RSBY.**
- **It is mandatory for the selected Insurer to set up proper state office in Kohima.**
- **If the financial bid is below acceptable limit, SNA holds the right to initiate re-tender.**
- **All issues relating to this tender will be examined by the SNA and the decision of the SNA will be final and binding.**

(DR. L. WATIKALA AO)
Principal Director & Co-Chairman (EC-SHS)
Directorate of Health & Family Welfare
Nagaland, Kohima

TENDER DOCUMENT
NATIONAL HEALTH MISSION, NAGALAND
RASHTRIYA SWASTHYA BIMA YOJANA
and
SENIOR CITIZENS HEALTH INSURANCE SCHEME

A number of studies have revealed that the risk owing to low level of health security is endemic for workers, especially those in the 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 workers do 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. A large number of these unorganized workers are entangled in debt traps to pay for treatment in hospitals. Senior citizens in these families due to poor financial position are exposed to further vulnerability in getting treatment as either their treatment cost may exceed the RSBY Benefit package. Thus, health insurance may provide a probable relief to such families by 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" and Senior Citizens Health Insurance Scheme implemented and administered through Ministry of Health & Family Welfare announced by the Central Government attempts to address such issues.

State Government is inviting bids for **11 Districts namely <Dimapur, Longleng, Kiphire, Kohima, Mokokchung, Mon, Peren, Phek, Tuensang, Wokha & Zunheboto>** from Insurance Companies, registered by IRDA and meeting the eligibility criteria for implementation of RSBY*
***including the upcoming Scheme for Senior Citizen. Necessary Addendum to be inserted into this Tender Document on receipt of the details of the Scheme by GoI.**

For effective operation of the scheme, a strong 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 identifying and empaneling the Government/Private hospitals, fixing of treatment protocol and costs and treatment authorization, so that the cost of administering the scheme is kept low, 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, equipment, 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 the scheme and its clauses need to participate in the bidding. Any disagreement in this regard is liable for disqualification/rejection of bid. Hence all the companies are expected to go through the scheme carefully and submit their acceptance in the 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** of **Part II** of this document. 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, either: (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: *www.rsby.gov.in* .
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 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 at Block level.
Call Centre Service	means the toll-free telephone services to be provided by the Insurer for logging and redressal of beneficiary requests, complaints and grievances.
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 healthcare 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 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.
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 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 Healthcare Providers in that district, in accordance with **Section**

	19.
Insurance Server	in relation to a district, means the server that the Insurer shall set up to: configure and store 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.
Empanelled Healthcare Provider	means a hospital, a nursing home, a CHC, a PHC or any other healthcare 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 equipment, meeting the requirements as 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 to 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 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 10**.
Project Office	means office setup 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 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, Street Vendors, Postmen, Licensed Railway Porters-Vendors-Hawkers, Cycle Rickshaw Pullers, Mine Workers, Rag Pickers, Safai Karmacharis, Auto and Taxi Drivers) and any other category of households notified by the MoLE as being eligible for benefits under the RSBY.
Rupees or INR	means Indian Rupees, the lawful currency of the Republic of India.
Senior Citizens	means a person who is enrolled as the beneficiary of RSBY and is of aged 60 years and above.
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 Healthcare 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 **Appendix 4**.
Smart Card Service Provider (SCSP)	means the intermediary that meets the criteria set 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 MoLE.
State Nodal Agency	means the nodal Hospital set up by the respective State Government for the purpose of implementing and monitoring RSBY.
Successful Bidder	means the Eligible Bidder that has been selected by the State Nodal Agency for the award of the Contract.
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, annexure, 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 RSBY.
Third Party Administrator or **TPA**	means any organization that: is licensed by IRDA as a third party administrator, meets the criteria set out at **Appendix 15** and that is engaged by the Insurer, for a fee or remuneration, for providing Policy and claim facilitation services to the Beneficiaries as well as to the Insurer upon a claim being made.

PART I- Information to the bidder

1. The Scheme

The name of the scheme shall be "**RASHTRIYA SWASTHYA BIMA YOJANA" (RSBY) and SENIOR CITIZENS HEALTH INSURANCE SCHEME (SCHIS).**

2. Objective

To improve access, of enrolled beneficiaries and their families to quality healthcare for cashless treatment of diseases involving hospitalization through empanelled healthcare providers. The objective of SCHIS is to provide a convenient and affordable health cover for senior citizens aged 60 years and above to cover secondary and tertiary care treatments.

Note: All the details of benefits, target population and premium payment etc. regarding SCHIS has been provided in Section 31 of Part I of this tender document. Other details for SCHIS will be same as that of RSBY.

3. Beneficiaries

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

District	**Total number of beneficiaries in different categories (in thousand)**													**Total number**				
	BPL Families	BOCW	Street vendors	MGNREGA	Beedi workers	Domestic workers	Railway porters	Sanitation workers	Rickshaw drivers/pullers	Mine workers	Rag pickers	Auto/taxi drivers	Weavers and textile workers	Blocks	CHCs	District Hospitals	PHCs/Other Govt. Hospitals	Private Hospitals
Dimapur	97.7			266.9										4	2	1	8	11
Kiphire	48.6			104.7										3	1	1	4	0
Kohima	66.8			272.7										4	3	1	16	5
Longleng	23.4			98.5										2	0	1	3	0
Mokokchung	77.4			154.05										6	3	1	15	1
Mon	59.5			173.9										6	2	1	15	0
Peren	28.4			116.09										3	1	1	8	0
Phek	63.3			173.3										5	3	1	23	0
Tuensang	38.5													8	2	1	12	1
Wokha	60.5			132.6										5	2	1	12	1
Zunheboto	63.8			179.8										6	2	1	13	1
Total	**627.9**			**1372.54**										**52**	**21**	**11**	**129**	**20**

NOTE: <u>In addition to the estimated number of families as given above, the Central/ State Government may add more families to the scheme. The same terms and conditions including premium shall be applicable to additional beneficiary families. However, the State Government shall have to take prior written approval from Ministry of Health & Family Welfare before adding more beneficiaries to the scheme than the estimated number of beneficiaries.</u>

District	**Total number of BPL Senior Citizen beneficiaries in different categories (in thousand)**	**Total number**

	BPL Families	BOCW	Street vendors	MGNREGA	Beedi workers	Domestic workers	Railway porters	Sanitation workers	Rickshaw drivers/pullers	Mine workers	Rag pickers	Auto/taxi drivers	Weavers and textile workers	Blocks	CHCs	District Hospitals	PHCs/Other Govt.	Private Hospitals
Dimapur	2.84			4.40										4	2	1	8	11
Longleng	0.84			1.31										3	1	1	4	0
Kiphire	0.77			0.72										4	3	1	16	5
Kohima	6.30			5.17										2	0	1	3	0
Mokokchung	9.73			5.36										6	3	1	15	1
Mon	2.53			2.73										6	2	1	15	0
Peren	3.60			0.49										3	1	1	8	0
Phek	5.57			5.57										5	3	1	23	0
Tuensang	2.34													8	2	1	12	1
Wokha				3.67										5	2	1	12	1
Zunheboto	5.33			6.18										6	2	1	13	1
Total	**39.85**			**35.6**										**52**	**21**	**11**	**129**	**20**

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, for availing benefit under RSBY, shall be up to 5.

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 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.
f. If both the head of the family and spouse are not available, the next oldest member of the family should be nominated as the head of the family, who can then nominate up to 4 (four) other members to be enrolled. If such a member is not listed in the existing database, the FKO can add such a person if they have a certificate from Revenue or Panchayat authorities showing a relationship with the head of family.

Benefits RSBY and SCHIS [Please refer Clause 31 for SCHIS]

5.1 Benefit Package only for RSBY

The benefits under 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 maternity benefit and new born care,** to the enrolled families for up to INR 30,000/- per family per year, subject to limits, in any of the empanelled healthcare providers across India. The benefit to the family will be on floater basis, i.e., the total reimbursement of INR 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 INR 100 per hospitalisation subject to an annual ceiling of INR 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. For Weavers and Artisans families or for any other category specifically mentioned in this document, outpatient benefits of INR 7,500 per family per year (with a limit of 10 visits), in addition to inpatient benefits of INR 30,000 per family per year, will also be covered and details of those benefits are given in S**ection 10**.
h. Maternity and new born children 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. New born children shall be automatically covered from birth up to 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 children will be considered as a part of the 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 children* should not be less than 48 hours *post-delivery*.
    iv. The identification of the mother or any other member of the family will be sufficient identification for the new born child to avail treatment.

Note:

i. <u>For the ongoing policy period until its renewal, new born children 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.</u>

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**. A separate set of package rates for Senior Citizens has been given **in Appendix 3A**. 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) and the condition as defined in the package rates.

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 INR 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

However if separate rates have been indicated in the package rates for any of the above, the hospitals may block those rates as additional packages after pre-authorisation. Insurance companies shall be guided by whether the procedure is an essential part of delivery of the original package or an additional input necessitated by a medical condition that is not part of the condition dealt with in the original package.

The package rates can be amended by the State Nodal Agency before the issuance of bid or renewal of the 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 healthcare provider will not be subject to any pre-authorization process by the Insurer. The list of common procedures and package charges is set out in **Appendix 3 and Appendix 3A** to this tender, and will also be incorporated as an integral part of the service agreements between the insurer and its empanelled healthcare providers.

Healthcare Providers

6.1 Eligible healthcare providers

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

6.2 Empanelment of healthcare providers

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

Healthcare providers having adequate facilities and offering services as stipulated in the guidelines will be empanelled after being inspected by a qualified technical team from 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 healthcare providers in a district or that the facilities and services provided by healthcare providers in a district are inadequate, then the State Nodal Agency can reduce the minimum empanelment criteria specified in this section on a case-by-case basis.

6.3 Criteria for Empanelment of Public Healthcare Providers

All Government hospitals (including Community Health Centres), as decided by the State Government 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 RSBY beneficiaries to the Insurer or their 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.

6.4 Criteria for Empanelment of Private Healthcare Providers

The criteria for empanelling private hospitals and health facilities are 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 'cashless' 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 their representative/ Government/Nodal Agency as and when required.
e. Registration with the Income Tax Department.
f. NEFT enabled bank account
g. 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 the Insurance Company, has been defined in **Appendix 13.**

6.5 IT Infrastructure needed for Empanelment in RSBY

a. Both public and private healthcare 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 13**.
b. The insurer shall be responsible for providing and installing the entire IT infrastructure, i.e. hardware and software, for each public empanelled healthcare provider in a district before commencement of enrolment in that district.
c. Each private empanelled healthcare 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 healthcare provider is located.
d. It is the responsibility of the healthcare provider to ensure that the system is running at all times and to inform the concerned insurer which has installed the system, in case there are any problems related to its proper use as required.

6.6 Additional Benefits to be provided by Healthcare Providers

In addition to the benefits mentioned above, both public and private healthcare providers should provide free registration and free OPD consultation to the RSBY enrolled beneficiaries.

6.7 Additional Responsibilities of the Healthcare 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 the State Nodal Agency, outside/ at their main gate.

b. Provide a functional help desk for giving necessary assistance to RSBY beneficiaries. At least two persons nominated by every healthcare provider should 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 other material provided 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 healthcare 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 evaluation of performance of the empanelled healthcare provider.
h. Comply with the provisions of all applicable laws, statutes, rules and regulations, as amended from time to time.
i. Comply with any standard treatment guidelines laid down by government.

6.8 Number of Healthcare Providers to be empanelled

The Insurance Company shall make sure that an adequate number of public and private healthcare providers are empanelled. The following are the minimum criteria to be met when empanelling health care providers:

a. There should be at least one hospital for every 8,000 families enrolled in the scheme.
b. At least two hospitals shall be empanelled in every block.
c. The following specialties shall be available through empanelled hospitals in each district:
    - General Medicine
    - General Surgery
    - Obstetrics and Gynecology
    - Pediatrics
    - Ophthalmology
    - ENT
    - Orthopedic

If sufficient hospitals are not available in the district or in adjoining districts, the insurance company shall obtain a certificate to that effect from the District Administration. If such hospitals are not available facilities which can manage IP care which may not conform to the standards set by RSBY may be empanelled with the permission of SNA.

The hospitals that have been accredited by agencies such as NABH shall be empanelled by insurance companies if they apply for empanelment.

6.9 Process for Empanelment of Healthcare Providers

Insurance Company will undertake following activities for the empanelment of healthcare providers:

a. Receive list of public and private healthcare providers in a district, from the respective district administration/ SNA, for empanelment in RSBY. District committee may also consider other healthcare providers available in a district, apart from those applying through the online portal or by post.
b. Organise a district workshop in the district for sensitization of public and private healthcare providers after completion of tendering process but before the commencement of enrolment in the district.
c. Prepare and submit a final list of public and private healthcare providers, which will be empanelled in a district, to the district administration along with a copy to the state nodal agency.
d. Enter details of the healthcare providers being empanelled into the online empanelment form on the RSBY portal. This will generate a hospital code for every healthcare provider and also generate a request for their Master Hospital card (MHC).

e. Enter into services agreements with the public and private healthcare providers which have agreed to be empanelled in a district, prior to commencement of enrolment for such district.
f. Make sure that the necessary software and hardware are installed in the healthcare provider before the commencement of the policy.
g. Follow-up with the healthcare providers to ensure that they have received their master hospital card before commencement of policy.
h. Ensure that the IT infrastructure is activated and operational at every empanelled healthcare provider during the policy period.
i. Ensure training of healthcare provider personnel at the hospital workshop and individually, along with refresher training as and when needed.

6.10 Agreement with Empanelled Healthcare Providers

The insurance company will sign agreements with the empanelled healthcare providers to provide benefits under RSBY. Draft template for agreement between the insurer and the healthcare provider 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 healthcare provider, the insurer shall obtain the prior written approval from the state nodal agency for such modifications or amendments.

6.11 De-empanelment of Healthcare Providers

An empanelled healthcare provider would be de-empanelled if it is found that guidelines of the scheme have not been followed by them and the services offered are not satisfactory as per the requisite standards. The insurance company will follow the guidelines for de-empanelment of hospitals as given in **Appendix 6**.

A hospital once de-empanelled, in accordance with the procedures laid down in **Appendix 6**, shall not be empanelled again for a period as decided by the SNA according to the severity of under-performance.

6.12 List of Empanelled Healthcare Providers to be submitted

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

a. A list of empanelled healthcare providers, within the state, and in neighbouring districts of the State, that have agreed to be a part of RSBY and SCHIS network, in the format given in **Appendix 7**.
b. For healthcare providers empanelled after commencement of enrolment 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 healthcare providers are conveyed to the beneficiaries through an appropriate IEC from time to time.

Insurer will need to ensure that details of all empanelled healthcare providers are conveyed to the beneficiaries of RSBY at regular intervals through appropriate means and an updated copy of such list is kept at the district kiosks and panchayat office at all times.

6.13 Services beyond service area

a. The Insurer undertakes that it may, within one month of signing of agreement with the State Government, empanel healthcare providers beyond the territory of the districts covered by this tender, if warranted, for the purpose 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 neighbouring 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 cards so that beneficiaries can get seamless access to RSBY empanelled hospitals anywhere across India, the insurer shall honour and settle hospital claims arising in areas beyond their service area.

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

District Key Manager 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 the State Government/ Nodal Agency within 7 days of signing the agreement with the Insurance Company. DKM is provided a security card through which FKO cards are personalised and issued. The roles and functions of DKM have 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 their fingerprint and smart card called the Master Issuance Card (MIC), provided for this purpose by the Government. The roles and functions of FKO have been provided in **Appendix 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. The SNA shall in turn draw the amount of central share of premium from the State Government and will release this amount to the insurance company.

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

a. The insurer or its representative(s) shall collect the registration fee of INR 30 from each 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. Second instalment shall be paid by the State Nodal Agency to the insurance company whereby insurer will raise the bill for Premium on the last day of the month in which enrolment occurs, in relation to enrolments completed in that 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.

   In case of data mismatch, SNA shall give priority to the FKO data for making the payment. Should it be obvious that FKO data has been lost SNA may accept signed data produced at the time of enrolment.

   The second instalment will be calculated using the following formula:
   N*[{10% of (X-60)}-30]
   (X being the premium amount per family and N being the number of cards)

c. Third instalment shall be paid by the State Nodal Agency on receipt of the share of the Central Government. The Central Government shall release the central share of premium to the State Government. The SNA shall draw the amount of the central share of premium from the State Government to pay the third instalment to the insurance company.

   The third instalment will be calculated using the following formula:
   N*[{90% of (X-60)} + 60]
   (X being the premium amount per family and N being number of cards)

Subject to a maximum of INR 450 + INR 60 for the cost of the smart card provided by the Central Government.

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

This amount shall be paid by the State Nodal Agency within 30 working days of receipt of the amount from Central Government, provided all the requisite compliance is done by the insurance company.

{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. Before submitting the invoice, the insurer needs to enter the details of the premium bill to be raised on the web portal of www.rsby.gov.in. After the insurance company makes an entry for the claim to be raised, a **Premium Claim Reference (PCR) Number will be generated by the system** and this should be mentioned on the bill submitted to the State Nodal Agency.

ii. It will be the responsibility of the State Government and 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 the insurer and enrolment data downloaded from the 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 districts.

v. Insurance Company shall NOT contact District Key Manager (DKM) regarding this data to get any type of certificate.

vi. Insurance Company will need to submit on a weekly basis digitally signed enrollment data, generated by the enrollment software, to the DKMA.

8.1 Refund of Premium

The Insurer will be required to refund premium as stipulated below if they fail to reach the claim ratio specified below at the full period of insurance policy. The premium refund shall be as per the formula below:

a. In case the claim ratio {(hospital claims paid + INR 60 towards cost of card) / premium received} is less than 70%, then the insurer will return the difference between actual claim ratio and 70% to the SNA.

b. In case the claim ratio, as calculated above, is higher than 100%, no refund shall be available to the insurance company.

c. The claim data shall be updated, by the insurance company, within 30 days of submission of claims by the hospital.

d. The refund amount will be returned within 90 days of the end of policy period. SNA shall return back proportionate central share to MoHFW once the premium is refunded by the Insurance Company.

8.2 Penalties

A penalty computed on the following lines will be imposed on the insurance company for under performance.

S. No	SLA's	Source of data	Monitoring method	Periodicity	Points criteria
	Enrolment Related Activities under RSBY				
1.	Average Family Size of Enrolled Family should not be less than 4.5.	Based on the enrollment data; each cluster of districts to be validated by Third Party assessment	Total number of insured persons divided by the total number of insured families.	Evaluation at the end of enrolment period.	If the average family size is between 4 to 4.5 – 2 points If average family size is

		agencies through checks of randomly chosen families			between 3.6 to 4 – 4 points If the average family size is between 3 to 3.5 – 6 Points If the average family size is less than 3 – 8 points
	Settlement of Claims				
2.	Settlement of claims within 30 days	Computed from the claim settlement data in RSBY Central Server	The ratio of claims amount which have not been paid or rejected within 30 days (from the date of claims raised to the insurance company) to the total claims amount made to the insurance company.	Based on the claim made within 12 months of the policy period or pro-rata period of policy.	If 10% of claims remain unpaid at the end of 30 days – 4 Points If between 10% and 25% of the claims remain unpaid after 30 days – 8 Points If between 25% - 40% of the claims remain unpaid after 30 days – 10 Points If more than 40% of claims remain unpaid after 30 days – 12 Points
	Empanelment and De-Empanelment of Heath Care Service Providers or Hospitals				
3.	At least 2 hospitals to be empanelled in each block. Each hospital should cover a minimum of 8000 enrolled families. There shall be at least 5 hospitals in the district headquarters.	List of empanelled hospitals to be provided by the Insurance Company to SNA clearly identifying hospitals in each block. The claim regarding non availability of hospitals for enrolment to be verified by SNA	Number of blocks with less than two empanelled hospitals. Blocks where district authorities or SNA certify that two hospitals are not available for enrolment shall be excluded from assessment. The same would be followed for the district as well.	Assessed 15 days prior to the commence ment of policy	Every block where less than 2 hospitals have been empanelled – 5 Points Every district where less than 5 hospitals have been empanelled – 5 Points [Will not apply if no hospitals are available for empanelment as per certificate produced]
	Other Issues Related to Enrolment				
4.	Availability of printed brochures for all beneficiaries to be enrolled.	A printed brochure with a certificate from the printer showing the number of copies printed is produced before SNA.	Brochures at least equal to the number of beneficiaries is printed and provided to the SCSP for	15 days before the commence ment of enrolment	IF requisite number of brochures are not printed or shared with the SNA till the start of the enrolment – 2 Points

			distribution.		
	Setting up of District Kiosk by insurance company				
5.	Set up and operationalize RSBY kiosks according to the guidelines.	Report from district officers that kiosks as per Concession agreement have been set up	Kiosks as per the Concession agreement are set up and available for use by eligible beneficiaries	7 days Before commence ment of enrolment	IF not set up 15 days prior to the commencement of enrolment – 5 Points.

Performance severity:

Threshold limit	Severity
6-18 points	1% of total annual premium amount for the concerned insurance company
19-24 points	3% of total annual premium amount for the concerned insurance company
25- 28 points	5% of the total annual premium amount for the concerned insurance company and cancellation of renewal
29- 32 points	8% of total annual premium and insurance company debarred from bidding for one year
False intimations on any of the above parameters	Insurance company barred from bidding for three years

8.3: Penalty to be paid for delay in premium payment

a. **Penalty linked to delay in Claim Payment** – If the insurer does not settle the claim within 30 days of the claim being preferred the hospital shall be paid interest @ 1 % of claimed amount per 15 days of delay in settlement. The amount shall be paid to the hospitals in the same manner for payment of claims.
b. **Penalty on SNA for delay in Premium Payment** – If the premium is not paid to the insurance company within six months of the commencement of policy, interest of 0.5% of amount for every 15 days delay shall be paid by the SNA to the insurance company, if the premium payment is delayed beyond 6 months of the start of policy shall be paid by the SNA to the insurance company, provided the fault for delay in release of premium lies upon SNA.
c. **Penalty linked to Grievance Redressal** – Ensure that all orders of the grievance redressal committee is carried out within 30 days unless stayed by the next higher level. Any failure to comply with the direction of the Grievance Redressal Committee at any level will meet with a penalty of Rs. 25,000/- per decision for the first month and 50,000/- per month thereafter during which the decision remains un-complied. The amount shall be paid by the insurance company to the SNA.

Period of Contract and Insurance

9.1 Term of the Contract

The period of Contract between State Nodal Agency and the INSURANCE COMPANY shall be for one year from the effective date, and may be renewed on yearly basis for a maximum of two more years subject to the insurance company fulfils parameters fixed by the State Government/ Nodal Agency for renewal as given in **Appendix 8**. Once eligible, automatic renewal will follow only in case of mutual agreement between SNA and the INSURANCE COMPANY. The decision of the State Government shall be final in this regard.

The insurance coverage under the scheme shall be in force for a period of one year from the date of commencement of the policy. Further extension beyond the period of first year shall be considered with the prior approval of the Government of India.

The commencement of period may be determined for the entire State depending upon the commencement of the issue of smart cards .

However, the cumulative term of the Contract(s) shall not exceed three (3) years, from the start date of the insurance policy in the first year. The decision regarding extending the contract of the Insurance Company on 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 should ensure that all enrolment and claim settlement services are available until the fulfillment of its obligations with the State Nodal Agency and settlement of claims from all hospitals and inter-insurance company claims.

9.2 Issuance of Policy

a. The terms and conditions set out in the cover policy issued by the insurer to the State Nodal Agency shall: (i) clearly state the cover policy number (which shall be included as a field on the smart card issued to each beneficiary family unit) (ii) clearly state the cover policy period under such policy, as determined in accordance with **Section 9.4** 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 cover policy in accordance with **Section 9.2(a)**, the cover policy period for each district shall commence on the date as determined in accordance with **Section 9.4**.

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 cover policy period may be determined for each district separately depending upon the commencement of enrolment and issue of smart cards in that particular district.

9.3 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 cards as per RSBY Guidelines and operating procedures.

Further, the enrolment process shall continue as per the schedule agreed to between the State Government/Nodal Agency and Insurance Company. 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 such that representatives of Insurer, State Government/Nodal Agency and Smart Card vendors can complete the task in the scheduled time. The time allowed to complete the enrolment on the basis of number of targeted beneficiaries is given below:

Targeted population range		
Population range	**Calendar months**	**Conversion ratio**
>6 lakhs	2 months	60%
Between 4-6 lakhs	1.5 months	60%
Less than-4 lakhs	1 month	60%

However, for difficult terrains SNA may allow such relaxation as is justified by difficulty of access.

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 stations for various other categories.

However, the insurer shall not commence enrolment in a district, unless the healthcare 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 http://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. The latest version of certified Enrolment Software, published by MoLE, shall be used for enrolment of beneficiaries and 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 the targeted number of families in the district within the stipulated time. It will be the responsibility of the insurance company to ensure that enrolment kits are in working condition and adequate manpower, as per **Appendix 9,** is provided from the 1st day of the commencement of enrolment in the district. Insurer should provide for 10% additional kits, which should be under the control of district officials for emergency use.

d. The Insurer shall be responsible for choosing the location of the enrolment stations within each village/urban area that is easily accessible to the 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 visits by the enrolment team, for enrolment of beneficiary family units, well in advance of the commencement of enrolment in a district. Such awareness campaigns and advance publicity shall be conducted in consultation with the State Nodal Agency and the district administration in respective villages and urban areas to ensure the availability of maximum number of beneficiary family units for enrolment on the agreed date(s).

i. List of identified beneficiary families should be displayed 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 for 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 their own smart card and fingerprint.
   iii. Ensure that re-verification process is done after the card is personalized.

n. The beneficiary will re-verify the smart card by providing their 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 INR 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 shall also provide a booklet to the beneficiary, in the prescribed format, along with the smart card indicating at least the following:
   i. Details about RSBY benefits.
   ii. Process of availing 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. Names and details of key contact person/persons in the district.
   vii. Toll-free number of call center 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 claiming to be excluded 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 along 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.

9.4 Commencement & renewal of policy in districts

The State Nodal Agency shall have the right, but not an obligation, to require the insurer to renew the cover policy, for any duration, under policies issued in respect of any district, by paying pro-rated premium for the renewal period. The benefits set out in **Section 5.1** shall be available upon such renewal. Upon such renewal of the cover policy, 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 case of districts where the cover policy is starting for the first time:

a. The cover policy period, for a district, under RSBY shall commence from the first day of the second month succeeding the month in which the first smart card is issued in that district and will be for duration of one (1) year. However the period of commencement of the policy may be separately notified by each SNA. The SNA must ensure that the tender process is initiated much in advance to ensure that enough policy coverage time remains from the previous policy even during the enrolment

b. The risk cover for each beneficiary family unit, issued a smart card in a district, in subsequent months will start from the date of issue of the smart cards.

c. Notwithstanding the date of enrolment and issuance of 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.

Illustrative Example

If the first smart card in a district is issued (enrolment starts) on or before 15th of the month of December, 2014, the cover policy period for that district shall commence from 1st January 2015. However, if the first smart card is issued (enrolment starts) after the 15th of December 2014, the cover policy period for that district shall commence from 1st February 2015. The cover policy period shall continue for a period of one (1) year, i.e. up to 31st January, 2015, unless the State Nodal Agency has exercised its right to renew the cover policy period in accordance with **Section 11.** If the State Nodal Agency exercises its right to renew the cover policy 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 March 2016 in the same district, then the risk cover for such beneficiary family unit will commence from 01st April 2016, and will terminate on 31st March 2017.

The Policy Cover Period under the RSBZY scheme for that district shall commence on 01st April 2016 and expire on 31st March 2017. 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.	February 2016	01st April 2016	31st March 2017
2.	March, 20156	01st April 2016	31st March 2017

The insurance company will have a maximum of 2 [Two] months to complete the **entire enrolment process** in both new and renewal set of districts. For both the set of districts **full premium for all the two months will be given to the insurer.**

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

a. **Policy end date shall be the same for ALL smart cards in a district**
b. **Policy end date shall be calculated as completion of one year from the date of Policy start for the 1st card in a district**
c. **In case of renewal districts minimum 12 months of service needs to be provided to a family hence enrollments in a district shall cease 4 months from beginning of card issuance.**
d. In case of renewal districts, policy shall be renewed for a period of one (1) year or less as determined by the State Nodal Agency and approved by Ministry of Health and Family Welfare, New Delhi.
e. **For certain categories of beneficiaries as defined by MoHFW the policy period may be even less than 9[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

Note: Under any circumstances if any smart card is issued during the month of April i.e. after the start of the policy 2016-17, benefits to the beneficiary will begin from the net day of issuance of card however for premium purpose 1st date of the same month will be considered and will be on prorate basis. For example if a card is issued between 1stto 30th April, 2016, then the eligible from 01st April 2016 to 31st March 2017.

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 under 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:

10.1 Benefits

a. **Cover for Outpatient Care:** The scheme shall provide an additional coverage of up to **INR 7,500 per family per year for Outpatient visits (with a limit of 10 visits per year)**. This is in addition to INR 30,000 cover per family per year for inpatient care.
b. **There will not be any sub-limits for Outpatient benefits.**
c. **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.
d. For every **valid outpatient visit to an empanelled General Physician, a payment of defined package rate will be made** by the Insurance Company.
e. The package rates for outpatient care will be provided by SNA before signing of the contract.
f. 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

10.2 Eligible Healthcare Providers for RSBY Outpatient

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

In addition to this, both public and private healthcare 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.

10.3 Empanelment of Healthcare Providers for RSBY Outpatient

Healthcare providers having adequate facilities and offering services as stipulated in the guidelines will be empanelled after being inspected by a 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 healthcare providers are:

a. **Criteria for Empanelment of Public Healthcare Providers**

i. All Government owned Primary Healthcare Centers (PHCs), can be empanelled provided they possess the following minimum facilities:
- Internet connectivity
- Personal Computer with 2 smart card readers and 1 fingerprint verification device or
- Standalone machine having all the above functionalities matching the specifications given in **Appendix 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 'cashless' service to the beneficiary. 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 Healthcare Providers**

The criteria for empanelling private hospitals and health facilities are:

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 itself. If the clinic does not have such a facility, it is the doctor's responsibility to have an understanding with pharmacies to carry out the required function so as to provide 'cashless' service to the beneficiary.
iv. The payment for 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. Maintaining of necessary records as required and providing necessary records of the insured patient to the insurer or their representative/Government/Nodal Agency as and when required.
vi. Registration with Income Tax Department.
vii. Telephone/Fax, Internet connectivity. Each hospital/healthcare 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 cover of INR 7,500 per family per year and a limit of 10 visits per family per year. 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:

i. Consultation fees
ii. Cost of Medicines as defined
iii. 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 visits.

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 programs for the PHCs.
ii. To extend necessary support in providing Computer and Internet connection at PHCs.

e. **Agreement with empanelled healthcare provider**

The Insurer will be responsible for carrying out an empanelment process of healthcare providers to provide the agreed benefits under the RSBY outpatient scheme. This shall require service agreements between the insurers and empanelled healthcare providers to provide benefits under RSBY Outpatient. A provision will be made in the agreement for non-compliance/default clauses while signing the same. The healthcare providers will be paid as per the pre-defined rate of INR 150-250 per visit. These per visit rates will be same for both public and private healthcare providers.

f. **De-empanelment of healthcare provider**

An empanelled healthcare provider would be de-empanelled if it is found that the guidelines/operational procedures of the scheme have not been followed by them and the services offered are not satisfactory as per the requisite standards.

g. **List of empanelled healthcare providers 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 healthcare 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.

10.4 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. This is to be negotiated between insurance company and SNAs who ask for additional cover.

10.5 Process for Providing Cashless Service under RSBY Outpatient

The smart card issued under RSBY scheme will be used for identification and verification of beneficiaries. In addition to this, like for inpatient, the smart card will also store the amount for outpatient benefits. For providing services after identification of beneficiaries, the doctor will treat the patient and enter data for the patient in the software provided. This information will be sent to the insurance company on a daily basis. Doctor will also provide medicines to the beneficiaries free of cost.

10.6 Period of Insurance

The period of insurance will be same as provided in **Section 9** of this document.

10.7 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 not be 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 their usage of these additional benefits.

10.8 Specific Tasks of Insurance Company for Outpatient Benefits

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

a. Identify eligible healthcare providers for empanelment.
b. Empanel the healthcare providers for Outpatient benefits. Provide GIS mapped data on the district map along 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 healthcare providers.
d. Train the empanelled healthcare providers on 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 healthcare providers in setting up of required hardware including fingerprint and smart card readers.
f. Provide the transaction software free of cost to all the empanelled healthcare providers and arrange for training of health care providers.
g. Provide report on the empanelment process for healthcare providers for Outpatient benefits to the State Nodal Agency within 30 days of end of empanelment process.

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 out-of-pocket either at the commencement of the treatment or at the end of treatment to the extent that such services are covered under the Rashtriya Swasthya Bima Yojana. This service provided by the Insurer along with the responsibilities of the Insurer as detailed in this clause are collectively referred to as the **"Cashless Access Service".**

Each empanelled healthcare provider shall install the requisite machines and software to authenticate and validate smart cards, beneficiaries and the insurance cover policies. The services have to be provided to beneficiaries based on smart card & fingerprint authentication with only 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**.

Repudiation of claims

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 healthcare 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 shall carry the details of the claim summary, rejection reason and details of the Grievance Committee Redressal. 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 for delay.

If the insurer does not settle the claim within 30 days of the claim being preferred the hospital shall be paid interest @ 1 % of claimed amount per 15 days of delay in settlement. The amount shall be paid to the hospitals in the same manner for payment of claims.

Delivery of services by intermediaries

The Insurer may enter into service agreement(s) with one or more intermediary Hospital s for the purpose of ensuring effective implementation and outreach to beneficiaries and to facilitate usage by beneficiaries of benefits covered under this tender. However the insurer shall be responsible for complying with all conditions of contract agreement and for all actions of the intermediaries undertaken in all matters related to the contract.

These intermediaries can be of types:

13.1 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.

Project office and district office

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

Excluding the support staff and staffing for other duties, the insurer within its organisation will have at least the following personnel exclusively for RSBY and details of these staff 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 full time 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 this, the insurer will have necessary staff to perform the following tasks:

c. To operate a 24 hour **call centre** with toll free help line in the local language and English for handling queries related to benefits and operations of the scheme, including information on healthcare 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 the 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 claim settlement.
h. **Pre-Authorization function** for the interventions which are not included in the package rates as per the timelines approved by MoHFW.
i. **Paperless Claim settlement** for the healthcare providers, with electronic clearing facility, within one month of receiving the claims.
j. **Publicity** for the scheme so that all the relevant information related to RSBY reaches beneficiaries, healthcare providers, etc.
k. **Grievance Redressal Function** as explained below in the tender.
l. **Empanelment** of both public and private healthcare providers based on empanelment criteria. Along with the 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, healthcare providers, etc., analysing feedback data and suggest appropriate action.
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.

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 Central and State Government. The reports will be submitted by the Insurer to the Central and State 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 of India and the respective State Governments.

District Kiosk

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

Call Center Services

The Insurer shall provide toll free telephone services for the guidance and benefit of the beneficiaries whereby they shall receive help on various issues by dialling 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 companies 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 between the insurance companies based on the number of beneficiary families to be enrolled by each insurance company.

The insurance company with highest number of districts allotted under the scheme will initiate the process and take the lead, throughout the policy period, in setting up and operating the state call centre.

a. **Call Centre Information**
The Insurer shall operate a call centre for the benefit of all beneficiaries. The call centre shall function for 24 hours a day, 7 days a week and round the year. The cost of operating the call centre 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 beneficiary 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 satisfactory resolution of all beneficiary requests logged.

b. **Language**
The Insurer undertakes to provide services to the beneficiaries 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 beneficiary queries in the local language.

d. **Insurer to inform beneficiaries**
The Insurer will intimate the state toll free number to all beneficiaries along with the address and telephone numbers of the Insurer's Project Office.

Procurement, installation and maintenance of smart card related hardware and software in empanelled healthcare providers

18.1 Public Healthcare Providers

It will be the responsibility of the Insurer to procure and install smart card related devices in the empanelled public healthcare providers of the State.

The details of hardware and software which needs to be installed have been provided in **Appendix 13.**

The lists of Public healthcare providers 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 healthcare providers mentioned in Appendix 14 will be the responsibility of the Insurance Company. The ownership of these devices will be with the State Government.

The details of provisions regarding annual maintenance costs are as follows:

a. 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 healthcare providers.
b. If any of the hardware devices or systems or any of the software fails at the premises of a public empanelled healthcare 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 healthcare provider has filed a complaint with the Insurer regarding the non-functional hardware or software.

18.2 Private Healthcare Providers

It will be the responsibility of the empanelled private healthcare providers to procure and install smart card related devices in its premises. **The cost of procurement, installation and maintenance of these devices will be the responsibility of the private empanelled healthcare provider.**

Each private empanelled healthcare 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 healthcare provider shall bear all costs for the maintenance, repair or replacement of the IT infrastructure installed in its premises.

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

Note:
In case of districts where the scheme is being renewed, the Insurance Company will ensure that the healthcare providers are not asked to spend additional money 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 healthcare providers if there are compatibility issues.

Grievance Redressal

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

19.1 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 include additional members for this purpose.

19.2 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:

Reconstituted SGRC:

1. State Health Secretary/Principal Secretary (Health & FW)-**Chairman**
2. Regional Director, DGHS (Directorate General Health Services) -Member
3. Labour Commissioner of the State- Member
4. State Grievance Nodal Officer for RSBY – Member Convener
5. State Representative of the Insurance Company- Member

State Govt./Nodal Agency may include additional members for this purpose.

19.3 National Grievance Redressal Committee (NGRC)

The National Grievance redressal Committee (NGRC) shall be proposed by the Ministry of Health and Family Welfare from time to time at the National level. The present constitution of National Grievance Redressal Committee is as under:

a. JS (RSBY), Ministry of Health & Family Welfare- Chairman.
b. Director (Vigilance)- Ministry of Health & Family Welfare- Member.
c. Representative of Ministry of Labour & Employment- Member.
d. Director – eGovernance, Ministry of Health & Family Welfare- Member.
e. Deputy Secretary (RSBY), Ministry of Health & Family Welfare- Member Convener.

If any stakeholder has a grievance against another stakeholder 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:

19.4. Grievance Settlement of Stakeholders

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 by the Grievance Committee:

A. **Grievance of a Beneficiary**

GRIEVANCE AGAINST INSURANCE COMPANY, HOSPITAL, THEIR REPRESENTATIVES OR ANY FUNCTIONARY

If a beneficiary has a grievance on issues relating to enrolment, hospitalization or any other RSBY related issue against Insurance Company, hospital, their representatives or any functionary, the beneficiary will approach DGRC. The DGRC shall 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 take a decision on 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 can approach the SGRC for resolution. The SGRC shall take a decision on 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. The NGRC shall take a decision on 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.

B. **Grievance of a Health Care Provider**

GRIEVANCE AGAINST BENEFICIARY, INSURANCE COMPANY, THEIR REPRESENTATIVES OR ANY OTHER FUNCTIONARY

If a Health Care Provider has any grievance with respect to beneficiary, Insurance Company, their representatives or any other functionary, the Health Care Provider 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 within 30 days of the decision of the DGRC, which shall take a decision within 30 days of receipt of appeal. The decision of the Committee shall be final.

C. **Grievance of 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 take a decision 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 decision of the SGRC and NGRC shall take a decision within thirty days of the receipt of appeal after seeking a report from the other party. The decision of NGRC shall be final.

D. **Grievance of any Stakeholder**

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 Joint Secretary (in charge of RSBY), Ministry of Health and Family Welfare, 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 the respective Committees (DGRC/SGRC/NGRC). This would enable all grievances to be heard within the set time frame of 30 days.

Penalty clause and termination

a. **Failure to abide by the terms will attract penalty related but not limited to the following:**
   - Failure in following the guidelines specified in Appendix 11.
   - Claim Servicing
   - Grievance Redressal

The guideline for the quantum and modalities of penalty will be intimated at the time of signing of the contract with the Insurance Company**.**

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

i. The cover policy 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 effective date of the policies shall be the **Termination Date**.

ii. The Insurer will pay back to the State Nodal Agency the unutilized amount of premium, calculated until the termination date using a pro-rata basis.

iii. The Insurer will settle all claims raised by healthcare providers for all hospitalizations up to and including the termination date.

iv. 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 Healthcare Providers and its agreements with other intermediaries in favour of the State Nodal Agency or the substitute insurer appointed by the State Nodal Agency.

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 Nodal Agency.

IEC and BCC interventions

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

Insurer will 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.

Capacity building interventions

The Insurance Company shall design training/ workshop / orientation programs for Empanelled Healthcare Providers, Members of the Hospital Management Societies, District Program Managers, Gram Panchayat members, etc. and implement the same with the support of the State Nodal Agency. The training packages shall be jointly developed by the State Nodal Agency and the Insurance Company.

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

- **Enrollment Team Training –** To be done for each enrollment team during the enrollment period.
- **Healthcare Provider Training –** At least once a year for all the empanelled healthcare providers, in each district, separately for Public and Private healthcare providers.
- **State and District Officers of the Insurance Company –** At least once a year for these officers in each district.

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

Audit mechanism

24.1 Medical Audit

a. The Insurance Company shall carry out regular inspection of healthcare providers through periodic medical audits, to ensure proper care and counselling for beneficiaries at the healthcare providers.

b. Specifically, the Insurer shall conduct a periodic medical audit of a specified sample of cases, including random verification of admissions and claims. The medical audit should compulsorily be done by a qualified medical doctor (at least an MBBS) who is a part of the Insurer's organization or who is duly authorized by the Insurer to undertake such medical audit.

24.2 Beneficiary Audit

For Beneficiaries who have been discharged, the Insurer, on a random basis, must visit the Beneficiary's residence to verify the admission and treatment taken from the Empanelled Healthcare Provider along with their experience at the corresponding healthcare 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.

Obligations of State Government

State Government/ Nodal Agency shall be responsible for the following tasks 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 the DKM, shall have the following obligations in relation to enrolment:
    i. Monitor the participation of FKOs 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 process in the form of helping them in coordinating with different stakeholders at the district, block and panchayat/ municipality level.
e. Provide 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. Provide assistance to the insurer in empanelment of the public and private healthcare providers.
g. Make premium payments to the Insurer as per defined conditions and pay interest on delayed payment at 0.5% of amount for every 15 days delay if the premium payment is delayed beyond 6 months of the start of policy. This is subject to fulfilment of all contractual obligations by insurance companies and verification by SNA along with compliance to the operations manual and guidelines issued to SNA from time to time.
h. Organise periodic review meetings with the Insurer to review the implementation of the RSBY scheme.
i. Work with the technical team of the Insurer to study and analyse the data for improving the implementation of the RSBY scheme.
j. Conduct periodic evaluation of performance of the RSBY scheme.
k. Maintain data regarding issuance of FKO cards through the DKM in the specified format.
l. Review the performance of the Insurer through periodic review meetings. In the initial period of the implementation of RSBY, this should be done on weekly basis.
m. Run the District Grievance Redressal Cell and the State Grievance Redressal Cell.
n. Conduct field audits for beneficiary enrolment, hospitalization and district kiosk functions.
o. 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., and analysing feedback data to suggest appropriate action.
p. Provide rent free space in each of the districts to the Insurance Company for setting up the District Kiosks.

q. Intervene to resolve disputes between insurers and health care providers so that patient care is not compromised.

r. The SNA shall be responsible for maintaining the MIS towards the performance of the scheme. The SNA shall be responsible for obtaining all MIS as prescribed in the operations manual and such other MIS as required from time to time by Central Government, It shall be the responsibility of the SNA to obtain timely data for the MIS reports, conduct the analysis / audit / evaluation / investigation etc. and intimate the summary of action taken, to the Central Government.

s. 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 and personalisation, if necessary.

   ii. Monitor the enrolment data at DKMA server (as downloaded from FKO cards) and compare 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 utilization 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.

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 that fulfil the prescribed criteria.

Insurance Company shall hire a TPA only as per the criteria defined in **Appendix 15**.

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

Obligations of insurance company

Among other things, the insurer shall perform the following tasks 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 empanelled healthcare providers. This will ensure that the beneficiary can use their smart card to get treatment, in any of the empanelled health care providers, anywhere in India.

b. Ensuring that healthcare providers adhere to the points mentioned in **Clause 6.7** regarding signage and help desk on premises.

c. Send data related to enrolment, hospitalization and other aspects of the scheme to the Central and State Government at periodic intervals at a frequency fixed by Ministry of Labour and Employment.

d. Sharing of inter-insurance claims in prescribed format through a web based interface within the defined timelines and settlement of such inter-insurance claims within the prescribed timelines.

e. Collecting beneficiary feedback and sharing with the 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 healthcare providers 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 already installed in the healthcare providers 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 the hardware is not working because of compatibility issues, at their (insurer's) own cost.

h. Only in the case of private healthcare providers, if the hardware is not in working condition or is reported lost, it will be the responsibility of such private healthcare provider to arrange for the replacement hardware.

i. Meeting representatives of health care providers at least once in 3 months to sort out pending issues between them and insurers.

j. Ensure that all orders of the grievance redressal committee is carried out within 30 days unless stayed by the next higher level. Any failure to comply with the direction of the Grievance Redressal Committee at any level will meet with a penalty of Rs. 25,000/- per decision for the first month and 50,000/- per month thereafter during which the decision remains un-complied. The amount shall be paid by the insurance company to the SNA.

Insurer undertaking with respect to provisioning 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 signing of the Agreement with State Government, with a Smart Card Service Provider, for the purpose of fulfilling various obligations related to RSBY implementation as mentioned in **clause 11** of this document.

b. A period of 21 days, from the signing of the Agreement with State Government, with the following:
   i. Intermediary organization(s) which would perform the functions outlined in clause 13.1 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. Healthcare 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 a fully operational and staffed district kiosk 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. <u>The insurer will necessarily need to complete the following activities before the start of the enrolment in the district</u>:
   i. Empanelment of an adequate number of hospitals in each district
   ii. Setting up of operational District Kiosk
   iii. Setting up of toll free helpline
   iv. Printing of booklets which are to be given to beneficiaries along with the smart cards
   v. Setting up of District Server to store complete beneficiary enrolment and transaction data for that district.
   vi. Ensure availability of cover policy number for the district prior to enrolment.
   vii. Ensure that the service providers appointed by it carry out the correct update of insurance policy details and policy dates, i.e., start and end dates, at the district server.
   viii. Ensure 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.

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-compliance or partial performance by such organizations.

f. Ensure Business Continuity Plan as given in **Section 29**.

Business Continuity Plan

As RSBY depends a lot on the technology and the related aspects of smart cards and biometrics to deliver benefits to the beneficiaries, 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 hardware issue causing interruption in continuous service delivery to beneficiaries, the insurers shall be required to make all efforts through alternate mechanisms to ensure continuous service delivery to beneficiaries, while ensuring continuous efforts to bring the services back to the online platform. The Insurer shall use processes as defined in the 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, in the prescribed format, as required by MoLE and State Nodal Agency.

Claim management

30.1 Payment of Claims and Claim Turnaround Time

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

a. The Insurer will ensure that all claims raised by the hospital are settled and the payments made to the hospital within **ONE MONTH** of receipt of claim data by the Insurance Company.

b. In case a claim is being rejected, this information will also be sent to hospital within **ONE MONTH** of receiving the claim. Along with the claim rejection information, Insurer will also inform the hospital that it can appeal to the District Grievance Redressal Committee if required. The contact details of the District Grievance Redressal Committee will need to be provided by the Insurance Company along with each claim rejection letter.

c. In both the cases, i.e. where a claim is being settled or being investigated, the process shall be completed within one month of receipt of the claim by the insurance company.
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.

30.2 Right of Appeal and reopening of claims

The Empanelled Healthcare Provider shall have a right of appeal to approach the Insurer if they feel that the claim is payable. If the healthcare provider does not agree with the Insurers' decision in this regard, it can appeal to the District and/or State Level Grievance Redressal Committee as per **Section 22** 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.

31.0 Terms and Conditions for Additional Benefits for Senior Citizens Health Insurance Scheme:

To provide additional top up benefits to senior citizens and take care of additional geriatric diseases, it has been decided by Government of India that an enhanced coverage will be provided exclusively for senior citizens over and above the benefits being provided under RSBY. These additional benefits will be called "Senior Citizens Health Insurance Scheme" in this document. The terms and conditions for SCHIS are as follows:

31.1 Benefits

An enhanced coverage of Rs. 30,000 per senior citizen in the eligible RSBY family will be provided over and above the benefits provided to entire family under RSBY and subject to other terms and conditions outlined herein, are the following:

a. **Health Insurance Coverage:** The scheme shall provide an additional coverage of Rs, 30,000 per senior citizen in the eligible family. This package will be over and above the package of Rs. 30,000 provided under RSBY.
b. This additional benefit can only be used exclusively by senior citizens of the family who are enrolled in RSBY
c. The hospital will provide services included in benefit package for Senior Citizens only after due pre-authorisation procedures.
d. A senior citizen seeking treatment under the scheme would have to first exhaust this additional top up cover of Rs. 30,000 (or more if there are more than one senior citizens) before utilizing the existing basic cover of Rs. 30,000 of RSBY.
e. If in any RSBY enrolled family there would be more than one senior citizen, then the additional cover will be in multiple of Rs. 30,000 per senior citizen and it will be provided on a floater basis among the senior citizens of the RSBY enrolled family.
f. This means that if in a family if there are 2 senior citizens then an additional cover of Rs. 60,000 would be available on a floater basis to both the senior citizens and they would need to exhaust first this top up cover before they can utilize the basic family cover of Rs. 30,000 of RSBY.

31.2 Target Beneficiaries

The target beneficiaries of this schemes are such RSBY enrolled beneficiaries that are 60 years and above in age. Such senior citizens who are BPL or belong to other designated categories of RSBY but not enrolled in RSBY will not be eligible to get benefit of this scheme.

31.3 Premium Payment and Refund

- The premium for this additional top up cover will be paid by the State Government to the insurance companies on a per family floater basis.
- A flat premium as determined through this tender, will be paid to the insurance company irrespective of the number of senior citizens enrolled in a family for RSBY. However, the benefit package per family may differ depending on the number of senior citizens enrolled in RSBY from the family
- The premium will be paid to the insurance company in the same way as it is done for RSBY. The State share of 40% (20% for North Eastern and three Himalayan States) will need to be paid first to the insurance company based on the number of families that have at least one senior citizen enrolled in RSBY before raising the request for Central share of premium of 60% (80% for North Eastern and three Himalayan States).
- The same premium refund formula as applicable for RSBY given in Section 10.2 of this tender document will also be applicable for premium related to SCHIS. The refund clause for SCHIS shall be computed separately and will be independent of the refund clause applicable for RSBY premium amount.

31.4 Eligible Health Services Providers and their Empanelment

All the providers already empaneled for providing inpatient services under RSBY will be automatically empaneled for providing benefits under senior citizen health insurance scheme.

In addition, Insurance Company can empanel additional hospitals that have facilities to provide defined tertiary care packages. The proposed criteria for hospitals providing tertiary care is as under:

EMPANELMENT OF HEALTH CARE PROVIDERS

All the **health care** providers already empanelled for providing inpatient services under RSBY will be automatically empanelled for providing benefits under senior citizen health insurance scheme.

In addition, Insurance Company can empanel additional hospitals that have facilities to provide defined tertiary care packages for senior citizens. The hospital will need to install machines and the equipment, conforming to the guidelines issued by the Central Government, for providing benefits under this scheme. The software to be used thereon shall be the one approved by the Central Government.

The criteria for empanelment of hospitals empanelled for providing treatment to senior citizens only including tertiary care are as follows:

a. Minimum 50 inpatient medical beds with adequate spacing of 60Sq.feet for each bed and supporting staff as per norms.
b. At least one in-house surgeon and or in-house physician (MD) shall be available for empanelment of Surgical and Medical packages respectively.
c. The hospital should have at least minimum of 3 MBBS doctors as duty doctors, for bed strength of 50 and above. The doctors mentioned at (b) above may also act as duty doctors. Round- the-clock, availability of Duty Doctors & Paramedic staff
d. Round- the-clock, availability of Duty Doctors & Paramedic staff
e. In-house round-the-clock basic diagnostic facilities for biochemical, pathological and radiology tests such as Calorimeter, Auto analyzer, Microscope, X-ray, E.C.G, USG. etc., round-the-clock lab and imageology support.
f. Casualty should be equipped with Monitors, Defibrillator, Crash Cart, Resuscitation equipment, Oxygen and Suction facility and with attached toilet facility.
g. Fully equipped Operation Theatre along with required equipments as mentioned in the specific requirements for each Specialty.
h. Post-op ward with adequate number of Monitors, Ventilators and other required facilities.
i. ICU facility with Monitors, Ventilators, Oxygen facility, Suction facility, Defibrillator, and required other facilities & requisite staff.
j. Round-the-clock availability of specialists in the concerned specialties having sufficient experience and availability of specialists in support fields with short notice.
k. Round-the-clock advanced diagnostic facilities either ‘In-House’ or with ‘Tie-up’ with a nearby Diagnostic **Centre**.
l. Round-the-clock Blood Bank facilities either ‘In-House’ or with ‘Tie-up’ with a nearby Blood Bank.
m. Round-the-clock Physiotherapy centre facilities either ‘In-House’ or with ‘Tie-up’ with a nearby Physiotherapy **Centre**, wherever it is applicable.
n. Round-the-clock own Ambulance facilities.
o. Records Maintenance: Maintain complete records as required on day-to-day basis and is able to provide necessary records of hospital / patients to the Society/Insurer or his representative as and when required.
p. 24 Hrs In-house pharmacy

q. Registration with the Income Tax Department.
r. NEFT enabled bank account
s. Telephone/**Fax and Internet Facility**
t. Safe drinking water facilities.
u. Generator facility with required capacity suitable to the bed strength of the hospital should be installed.
v. Bio Medical waste management facility available
w. Fire Fighting system available.

31.5 Period of Insurance:

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

31.6 Enrolment of Beneficiaries:

Any beneficiary who is enrolled in RSBY and is of age 60 years and above is eligible for these additional benefits. There will be no separate process for enrolment for providing benefits under SCHIS.

31.7 Specific Tasks of Insurance Company for Additional top up benefits

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

a. May empanel additional eligible health care providers to provide these additional benefits.
b. Provide a separate leaflet to the beneficiary detailing the additional benefits.
c. Carry out additional IEC activities to inform the target beneficiaries about these additional benefits

31.8 Apart from other terms and conditions of claim raising and settlement, the claims under SCHIS shall be processed by adhering the procedure as defined under pre-authorisation basis.

31.9 All other terms and conditions as applicable for RSBY Beneficiaries will also be applicable for SCHIS Beneficiaries.

PART II – Instructions to bidders

1. Eligibility criteria

1.1 Qualification Criteria

Only those insurance companies which are registered with IRDA for at least three continuous years as on the Bid Due Date and meeting the criteria as defined below shall be eligible to submit a Bid for award of the Contract. The conditions mentioned below shall be the **Qualification Criteria**. If any Bidder fails to meet the Qualification Criteria, its Bid shall be rejected. The qualification criteria are as follows:

a. **Nature of Entities**

i. The Bidder should be a registered private or public owned insurance company incorporated under The Companies Act, 1956 and/or 2013, in India.

ii. 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 Qualification submitted by such consortium shall be rejected.

b. **Technical Parameters of Qualifications for all companies:**

i. The company should be registered with Insurance Regulatory Development Authority (IRDA) to carry out health insurance business

ii. The company shall be registered with IRDA for at least three years.

iii. The company shall have a group health cover policy of at least 40,000 lives in each of the last three years

c. The company should have unconditional acceptance of terms and conditions of Tender

Fraud and Corruption

a. The Bidder and its officers, employees, agents and advisers shall observe the highest standard of ethics during the Bidding Process. Notwithstanding anything to the contrary contained herein, the State Nodal Agency may reject a Bid without being liable in any manner whatsoever to the Bidder if it determines that the Bidder has, directly or indirectly or through an agent, engaged in corrupt practice, fraudulent practice, coercive practice, undesirable practice or restrictive practice in the Bidding Process.

b. Without prejudice to the rights of the State Nodal Agency under these Tender Documents, if a Bidder is found by the State Nodal Agency to have directly or indirectly or through an agent, engaged or indulged in any corrupt practice, fraudulent practice, coercive practice, undesirable practice or restrictive practice during the Bidding Process, such Bidder shall not be eligible to participate in any tender conducted by the State Nodal Agency for a period of 2 (two) years from the date that such Bidder is found by the State Nodal Agency to have directly or indirectly or through an agent, engaged or indulged in any corrupt practice, fraudulent practice, coercive practice, undesirable practice or restrictive practice, as the case may be.

1.2 Canvassing

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

Conflict of Interest

A Bidder shall not have a conflict of interest (a **Conflict of Interest**) that affects the Bidding Process. A Bidder that is found to have a Conflict of Interest shall be disqualified. A Bidder shall be deemed to have a Conflict of Interest affecting the Bidding Process, if:

a. such Bidder or an Affiliate of such Bidder Controls, is Controlled by or is under common Control with any other Bidder or any Affiliate thereof; provided that this disqualification shall not apply if:

i. the person exercising Control is the GoI, a state government, other government company or entity controlled by a government, a bank, pension fund or a financial Hospital ; or

ii. any direct or indirect ownership interest in such other Bidder or Affiliate thereof is less than 26% (twenty six percent).

b. such Bidder or its Affiliate receives or provides any direct or indirect subsidy, grant, concessional loan, subordinated debt or other funded or non-funded financial assistance from or to any other Bidder or such other Bidder's Affiliate; or

c. such Bidder has the same legal representative for purposes of this Bidding Process as any other Bidder; or
d. such Bidder or its Affiliate has a relationship with another Bidder or such other Bidder's Affiliate, directly or through common third party or parties, that puts either or both of them in a position to have access to the others' information about, or to influence the Bid of either or each other.

1.3 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.

Cost of Bidding

The Bidder shall bear all costs whatsoever associated with the preparation of the Bid, carrying out its independent studies on the implementation of the DHIS and RSBY or verification of data provided by the State Nodal Agency. The State Nodal Agency hall not be responsible or liable for any costs, regardless of the outcome of the Bidding Process.

Verification of Information And Interpretation

Verification of Information

The Bidder is expected to examine all instructions, forms, terms, specifications and other information in the Tender Documents. Failure to furnish all information required by the Tender Documents or submission of a Bid that is not substantially responsive to the Tender Documents in every respect will be at the Bidder‟s risk and may result in rejection of the Bid.

Interpretation of Tender Documents

The entire Tender Documents must be read as a whole. If the Bidder finds any ambiguity or lack of clarity in the Tender Documents, the Bidder must inform the State Nodal Agency at the earliest. The State Nodal Agency will then direct the Bidders regarding the interpretation of the Tender Documents.

Acknowledgement by the Bidder

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

a. made a complete and careful examination of the Tender Documents, and all other information made available by the State Nodal Agency, including Addenda, clarifications and interpretations issued by the State Nodal Agency;
b. received all relevant information requested from the State Nodal Agency;
c. accepted the risk of inadequacy of, incomplete information, error or mistake in the information provided in the Tender Documents and the information made available by or on behalf of the State Nodal Agency;
d. satisfied itself about all things, matters and information, necessary and required for submitting an informed Bid and performance of Insurer‟s obligations under the Contract(s) and relied on actuarial calculations for arriving at the Premium quoted by it;
e. acknowledged and agreed that inadequacy, lack of completeness or incorrectness of information provided in the Tender Documents or ignorance of any matter shall not be a basis for any claim for compensation, damages, relief for non-performance of its obligations or the obligations of the Insurer or loss of profits or revenue from the State Nodal Agency, or be a ground for termination of the Contract(s); and
f. agreed to be bound by the undertakings provided by it under and in accordance with the terms of this Tender Documents.

The State Nodal Agency shall not be liable for any omission, mistake or error in respect of any of the

above or on account of any matter or thing arising out of or concerning or relating to the Tender Documents, the Data Room or the Bidding Process, including any error or mistake therein or in any information or data given by or on behalf of the State Nodal Agency.

In the event of any discrepancy, ambiguity or contraction between the terms of Volume I of the Tender Documents and Volume II of the Tender Documents, the latter shall prevail.

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.

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 the State Nodal Agency shall be issued at least 4 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.

Pre-Bid Meeting

a. The State Nodal Agency shall conduct one meeting with all the Bidders before the Bid Due Date (the **Pre-Bid Meeting**) to provide an understanding of the Bidding Process, the DHIS and RSBY, the terms of the Contract(s) and the services to be provided by the Insurer and to understand any queries, issues or suggestions that the Bidders may put forward.

b. The Pre-Bid Meeting will be convened on or about the date specified in the Tender Notice. The time and place of the Pre-Bid Meeting shall be notified by the State Nodal Agency to the Bidders.

c. Only those Bidders who have downloaded the Tender Documents shall be allowed to participate in the Pre-Bid Meeting. A Bidder may nominate any number of representatives to participate in a Pre-Bid Meeting, provided that the Bidder has notified the State Nodal Agency of its representatives along with its authority letter to the State Nodal Agency at least 2 (two) days in advance of the Pre-Bid Meeting.

d. In the course of the Pre-Bid Meeting, the Bidders will be free to seek clarifications and make suggestions for consideration of the State Nodal Agency. The State Nodal Agency shall endeavour to provide text of the questions raised and the responses, along with the minutes of the Pre-Bid Meeting and such further information as it may, in its sole discretion, consider appropriate for facilitating a fair, transparent and competitive Bidding Process, by the date specified in the Tender Notice. Such written responses and minutes shall be uploaded on the Data Room.

e. The oral clarifications or information provided by or on behalf of the State Nodal Agency at the Pre-Bid Meeting will not have the effect of modifying the Tender Documents in any manner, unless the State Nodal Agency issues an Addendum for the same or the State Nodal Agency issues written interpretations and clarifications in accordance with Clause 4.3.

f. Attendance of the Bidders at the Pre-Bid Meeting is not mandatory and failure to attend the Pre-Bid Meeting will not be a ground for disqualification of any Bidder.

2.2 Amendment of Tender Documents

a. Up until the date that is 4 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/Corrigendum. The Addendum/ Corrigendum shall be in writing and shall be uploaded on the relevant website.

b. Each Addendum/Corrigendum shall be binding on the Bidders, whether or not the Bidders convey their acceptance of the Addendum/ Corrigendum. 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/Corrigendum 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 the same where the tender has been published.

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

Same 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 as under:

a. separately for providing RSBY Benefit coverage and SCHIS benefit coverage to all Beneficiary Family Units in 11 **districts** of the State;

b. per Beneficiary Family Unit for RSBY 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). However for premium per family for SCHIS, premium shall be inclusive of all costs, taxes, overheads, IEC & BCC expenses, profits and service tax (if any) payable in respect of such Premium

c. in the format specified at **Annexure H**; and

d. only in Indian Rupees and up to two decimal places.

3.4 Formats and Submission of the Bid

The Bidder shall submit the following documents as part of its Bid:

a. The Bidder shall submit the following documents as part of its Technical Bid:
   - The Technical Bid in the format set out in **Annexure A**.
   - True certified copies of the pre-qualification granted by MoLE as **Annexure B**.
   - The undertaking by the bidder regarding agreement to all the terms and conditions of RSBY as provided in this tender as per **Annexure C**.
   - 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**.
   - 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 E**.
   - The certificate from the Bidder‟s appointed actuary stating that the Premium quoted by the Bidder for RSBY has been actuarially calculated, in the format set out in **Annexure F**.

b. The bidder shall submit the following document as part of its financial bid
   - The Financial Bid in the format set out in Annexure G

Note:

If 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 F without any details and stating 'Nil'.

4. Bid submission

Technical Bid Submission

The Technical Bid (including all of the documents listed above) shall be submitted electronically only on www.nprocure.com

4.1 Financial Bid Submission

The Bidder shall directly submit all inclusive financial quote as its Financial Bid in the format set out in **Annexure C** to the SNA as per the guidelines in response to financial criteria and the same is required to be encrypted using their Digital Signature Certificate.

Each page of the Financial Bid shall be initialed by the authorized signatory of the Bidder.

4.2 General Points for Bid Submission

a. The Bidder shall submit originals of the documents required for Bidding.
b. The Bid shall contain no alterations, omissions or additions, unless such alterations, omissions or additions are signed by the authorized signatory of the Bidder.
c. 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.
d. Any interlineations, erasures, or overwriting will be valid only if they are signed by the authorized signatory of the Bidder.
e. The Bid (containing the Technical Bid and the Financial Bid) shall either submitted only electronically

Note:

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

4.3 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 4.2**, 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.

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 not open the bid of such bidder.
c. No Bid may be modified or withdrawn in the interval between the Bid Due Date and the expiry of the Bid validity period.

Opening of bids

a. The State Nodal Agency opens the Bids of those Bidders who have successfully submitted their bids to the SNA in accordance with the requirements of the Tender Notice.
b. The State Nodal Agency shall open the Bids at the time, on the date and at the place mentioned in the beginning of the Tender document.
c. Firstly 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 8.1.
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 6.3.**

Evaluation of bids and selection of successful bidder

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.

6.1 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 (iv) 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.

6.2 Clarifications on Bids

a. In evaluating 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.

6.3 Selection of Successful Bidder

a. Once the Financial Bids of the Eligible Bidders have been opened and evaluated:
   - 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.
   - 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:
   - is an Eligible Bidder;
   - has submitted a substantially responsive Financial Bid; and
   - has quoted the lowest Premium for RSBY and SCHIS

c. The process of selecting a single bidder to provide both RSBY and SCHIS Benefit Coverage for each cluster of districts or 11 districts in a State, as determined by the State Nodal Agency, will be as follows:

i. It is mandatory for all the bidders to bid for all the districts/ clusters, failing which, the bid for such bidders shall not be opened.
ii. The bidder with the lowest premium rate for RSBY (LP1) will be awarded the contract provided the bidder also have the lowest premium rate for SCHIS (LS1).
iii. If LP1 and LS1 are different bidders then the LP1 bidder will be awarded the bid provided LP1 is ready to match rate of LS1.
iv. If LP1 is not ready to match the bid price then LP2 bidder will be awarded the contract if they are ready to match both LP1 and LS1 and so on.
v. If LP2 is not ready to match LP1 and LS1 then LP3 bidder will be awarded the contract if they are ready to match both LS1 and LP1 and so on.
vi. In case wherein no bidder agrees to match the lowest bids of LP1 and LS1, then in such circumstance the SNA shall have the authority to call for re-submission of only financial bids from all the bidders again.
vii. In case, if the bidder cannot be finalised even after calling of fresh financial bid, then the SNA shall takes steps for re-tendering again. Alternatively, the Bid Evaluation Committee / Approval & Monitoring Committee shall decide the award of tender to the bidder who has quoted the aggregated lowest in both the category. In case there is more than one bidder who has quoted same aggregated price bid then the Approval and Monitoring Committee AMC shall give preference to the bidder quoting the lowest premium for RSBY Scheme.

d. The process of selecting a single bidder to provide both RSBY Inpatient and RSBY Outpatient (ONLY for Weavers and Artisans) **for all districts** or cluster of districts in a State, as determined by the State Nodal Agency, will be as follows:

- The bidder with the lowest combined premium rate (L1) for RSBY Inpatient care and RSBY Outpatient benefits (i.e. sum of premium rate for Inpatient care and Outpatient benefits) will be awarded the contract.
- If due to some reason, the lowest bidder is not ready to accept the bid, the second lowest bidder (L2) will be given the chance to match the rate of the lowest bidder and L2 will be awarded the bid if they agree to do so.
- If L2 is not ready to match L1, the third lowest bidder (L3) among all bidders will have the right to be awarded the bid if they agree to match the L1 quote and so on.

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 10 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. 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;
c. consult with any Bidder in order to receive clarification or further information in relation to its Bid; and

d. 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 Instructions

9.1. Bidding Process

a. The original proposal shall be prepared and submitted to the concerned office.
b. The completed proposal must be submitted on or before the due date for bid submission specified to the concerned office.
c. This invitation for bids published online is open to all Indian firms who have been centrally empanelled by Ministry of Labour and Employment (MoLE), Government of India.
d. Breach of general or specific instructions for bidding, general and special conditions of contract with GoI or State Government or any of its user organizations may make a company ineligible to participate in the bidding process.
e. Any specific company can submit only one bid, and a single company submitting more than one bid shall be disqualified and liable to be black-listed by the Department.
f. Companies shall submit the tenders only to the concerned office before the scheduled date and time for bid submission. Tenders submitted after the due date and time will not be considered and the State Government or Society will not be liable or responsible for any delays due to unavailability of the portal and the internet link.

9.2 Confidentiality and Proprietary Data

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.

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.

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.

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.

9.3 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 the 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:

To:

Dear Sir,

Sub: **Technical Bid for Implementation of the RSBY in the State of Nagaland**
With reference to your Tender Documents dated _____, 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 Gujarat 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 Labour, Government of Nagaland or any other person nominated by the Government of Gujarat (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 have been pre-qualified by Government of India to take part in the bidding process of RSBY and we hold a valid registration from IRDA 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 120 days from the Bid Due 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.
   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 Gujarat.
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*], 2016

[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
(submitted with the bid through online only on www.nprocure.com.)

Sl. No.	Document	Document Submitted (Yes/No)
1.	Technical Bid as Annexure A	
2.	Copies of pre-qualification granted by the Government of India for participating in RSBY bidding process as Annexure B	
3.	Last 3 Years‟ audited Balance Sheet and Profit and Loss Statement with Auditors‟ Report	5.4 (a)(iii) Annexure B1
4.	Memorandum of Association and Article of Association of Company	5.4 (a)(iv) Annexure B2
5.	True certified copies which provides proof that the Insurance Company has a group health insurance policy covering at least 40,000 lives for each of the previous three continuous financial years	5.4 (a)(v) Annexure C
6.	Undertaking expressing explicit agreement to the terms of the RSBY	5.4 (a)(vi); Annexure D
7.	Undertaking to use only Third Party Administrators, Smart Card Service Providers and similar agencies that fulfil the criteria specified in the Tender Documents	5.4 (a)vii); Annexure E
8.	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)	5.4 (a)(viii); Annexure F
9.	Actuarial Certificate	5.4 (a)(ix); Annexure G

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

Annexure B – Format of undertaking regarding compliance with terms of scheme

[On letterhead of the Bidder]

From

[Name of Bidder]
[Address of Bidder]

Date: [insert date], 2016

To

_____
_____
_____
_____
_____

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 _, 2016

_____

[signature]

In the capacity of _____
[position]

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

Annexure C – 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], 2016

To

_____
_____
_____
_____
_____

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 _, 2016

_____

[signature]

In the capacity of _____
[position]

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

Annexure D – Format for providing list of additional packages and package rates

Serial No.	Category	LOS	Rate

Annexure E – 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], 2016

To

_____
_____
_____
_____

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 Government.

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 RSBY:
    i. Pure Claim Ratio – ____ % (Estimated Claim/(Premium - cost of smart card)
    ii. Administrative Cost – ____
    iii. Cost of Smart Card and its issuance – ____
    iv. Profit - ____ %
d. Following assumptions have been taken into account while calculating the price for SCHIS:
    i. Claim Ratio – ____ %
    ii. Administrative Cost – ____
    iii. Cost of Smart Card and its issuance – ____
    iv. Profit - ____ %

Dated this _____ day of _, 2014

At [insert place]

_____
[signature]

In the capacity of _____
[position]

Annexure F – Format of financial bid
[On letterhead of the Bidder]

From

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

Date: [insert date], 2014

To

_____
_____
_____
_____

Dear Sir,

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

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 and Senior Citizen Health Insurance Scheme (SCHIS) in the State Government. 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 Government. 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 the Entire State/All districts:

Cover	Premium (in INR)
INR 30,000 cover per Beneficiary Family Unit to meet hospitalization expenses on a family floater basis)	[insert sum] (Rupees [insert sum in words] only)
Rs. 30,000 cover per senior citizen in RSBY enrolled family unit to meet hospitalisation expenses (on a floater basis amongst senior citizens)	[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, IEC and BCC, 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 Bangalore 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*], 2014

_____

[*signature*]

In the capacity of _____
[*position*]

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

Appendix 1- Exclusions
The Insurer shall not be liable to make any payment under the Cover in respect of any expenses whatsoever incurred by any Beneficiary in connection with or in respect of:

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:

- 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.
- 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.
- 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.
- 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.
- 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.
- 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),
- 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.

Suicide: Intentional self-injury/suicide

- Any treatment received in convalescent home, convalescent hospital, health hydro, nature care clinic, or similar establishments or as mutually agreed between the State and the insurance agency (ies).

Exclusions under maternity benefit clause:

- 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:
- 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.
- 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 hospitalization 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 day care treatments/ procedures as mentioned below. This is an indicative list and not exhaustive. The SNA and the insurance company shall mutually agree on additional day care treatments/procedures to be included in the list below

i. Haemodialysis
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 hospitalization
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 but with diagnostic tests

Note:

- The cost of serial number xxi above is INR 100 and serial number xxii above is INR 150 per visit
- One visit will be for up to seven consecutive days
- For serial number xxi and xxii the total amount used cannot be more than INR 1,500 per family per year. This will be part of INR 30,000 limit**.**

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 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 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 hospitalization) 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) hospitalization 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 hospitalization 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 INR 100 and any complication while in hospital. Details of what all is included is give in **Section 5.2** of Tender document.	**INR 750 / 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.	**INR 1500 /- Per Day**
(iii) SURGICAL PROCEDURES IN GENERAL WARD (NOT SPECIFIED IN PACKAGE):	
Includes 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 INR 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 INR 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**

No.	Procedure	RSBY package code updates	Average length of stay (ALOS)	Proposed rates
1. Dental				
1	Fistulectomy	FP00100001	1	8500
2	Fixation of fracture of jaw	FP00100002	2	10000
3	Sequestrectomy	FP00100003	1	9750
4	Tumour excision	FP00100004	2	7500
5	Apisectomy including LA	FP00100005	D	550
6	Complicated Ext. per Tooth including LA	FP00100006	D	300
7	Cyst under LA (Large)	FP00100007	D	450
8	Cyst under LA (Small)	FP00100008	D	300
9	Extraction of tooth including LA	FP00100009	D	100
10	Flap operation per Tooth	FP00100010	D	350
11	Fracture wiring including LA	FP00100011	D	600
12	Gingivectomy per Tooth	FP00100012	D	250
13	Impacted Molar including LA	FP00100013	D	550
14	Drainage of parotid abscess	FP00100014	2	7000
15	Excision of mandible	FP00100015	7	12000
16	Repair of parotid duct	FP00100016	7	15000
17	Abscess incision	FP00100017	D	250
18	All extractions in one Jaw	FP00100018	D	300
19	Alveolectomy per tooth	FP00100019	D	250
20	Apical Curettage per tooth	FP00100020	D	250
21	Condylectomy	FP00100021	D	1500
22	Fistula closure	FP00100022	D	350
23	Cinivectomy full mouth	FP00100023	2	1500
24	Fracture Jaws closed reduction	FP00100024	1	500
25	Frenectomy	FP00100025	D	150
26	growth removal	FP00100026	3	250
27	Osteotomy	FP00100027	D	1000
28	Pericoronotomy	FP00100028	D	200
29	Pulpotomy	FP00100029	D	250
30	Removal of Impaction	FP00100030	D	250
31	Segmental resection of jaw	FP00100031	D	1500
32	treatment of malocclusion through wiring	FP00100032	D	8000
33	treatment Nursing bottle caries (Full mouth)	FP00100033	D	5000
34	Complete denture	FP00100034	D	1500
35	Removable partial denture	FP00100035	D	150
36	Restoration of teeth per tooth	FP00100036	D	200
37	treatment of gums through scaling (three sittings)	FP00100037	D	450
38	Root canal treatment per tooth	FP00100038	D	500
39	Metal crown per cap	FP00100039	D	200
40	Ceramic crown per cap	FP00100040	D	600
2. Ear				
41	Aural polypectomy	FP00200001	1	10000
42	Decompression sac	FP00200002	2	11500
43	Fenestration	FP00200003	2	7000
44	Labyrinthectomy	FP00200004	2	9000
45	Mastoidectomy	FP00200005	2	13000
46	Mastoidectomy corticol module radical	FP00200006	3	9000
47	Mastoidectomy With Myringoplasty	FP00200007	2	9000
48	Mastoidectomy with tympanoplasty	FP00200008	2	10000
49	Myringoplasty	FP00200009	2	6000
50	Myringoplasty with Ossiculoplasty	FP00200010	2	10500
51	Myringotomy - Bilateral	FP00200011	2	4500
52	Myringotomy - Unilateral	FP00200012	2	2500
53	Myringotomy with Grommet - One ear	FP00200013	2	5000
54	Myrinogotomy with Grommet - Both ear	FP00200014	2	6500

No.	Procedure	RSBY package code updates	Average length of stay (ALOS)	Proposed rates
55	Ossiculoplasty	FP00200015	2	7500
56	Partial amputation - Pinna	FP00200016	1	4050
57	Excision of Pinna for Growths (Squamous/Basal) Injuries - Total Amputation & Excision of External Auditory Meatus	FP00200017	3	8,500
58	Excision of Pinna for Growths (Squamous/Basal) Injuries Total Amputation	FP00200024	2	5,100
59	Stapedectomy	FP00200018	2	8000
60	Tympanoplasty	FP00200019	5	11000
61	Vidian neurectomy - Micro	FP00200020	3	7000
62	Ear lobe repair - single	FP00200021	D	1000
63	Excision of Pinna for Growth (Squamous/Basal/ Injuries) Skin and Cartilage	FP00200022	D	3000
64	Excision of Pinna for Growth (Squamous/Basal/ Injuries) Skin Only	FP00200023	D	2000
65	Pharyngectomy and reconstruction	FP00200025	2	12000
66	Skull base surgery	FP00200026	3	29000
67	Total Amputation & Excision of External Auditory Meatus	FP00200027	2	6000
68	Total amputation of Pinna	FP00200028	2	3000
69	Tympanotomy	FP00200029	2	3000
70	Removal of foreign body from ear	FP00200030		800
71	Tympanoplasty+ Mastoidectomy	FP00200031	3	9100
72	Tympanoplasty+ Mastoidectomy corticol module radical	FP00200032	3	10750
73	Aural polypectomy + Mastoidectomy with tympanoplasty	FP00200033	3	12500
74	Mastoidectomy corticol module radical+Myringoplasty	FP00200034	3	11750
75	Tympanoplasty+ Myringoplasty	FP00200035	3	9100
76	Mastoidectomy +Myringoplasty with ossiculoplasty	FP00200036	3	10500
77	Mastoidectomy corticol module radical+Myringoplasty with ossiculoplasty	FP00200037	3	14500
78	Mastoidectomy corticol module radical+Ossiculoplasty	FP00200038	3	12600
79	Tympanoplasty+ Ossiculoplasty	FP00200039	3	10150
80	Aural polypectomy +Tympanoplasty	FP00200040	3	11900
3. Nose				
81	Ant. Ethmoidal artery ligation	FP00300001	3	12360
82	Antrostomy – Bilateral	FP00300002	3	6500
83	Antrostomy – Unilateral	FP00300003	3	4500
84	Caldwell - luc – Bilateral	FP00300004	2	8000
85	Caldwell - luc- Unilateral	FP00300005	2	4600
86	Cryosurgery	FP00300006	2	7200
87	Rhinorrhoea - Repair	FP00300007	1	5200
88	Dacryocystorhinostomy (DCR)	FP00300008	1	9300
89	Septoplasty + FESS	FP00300009	2	10500
90	Ethmoidectomy - External	FP00300010	2	9200
91	Fracture reduction nose with septal correction	FP00300011	1	6700
92	Fracture - setting maxilla	FP00300012	2	8750
93	Fracture - setting nasal bone	FP00300013	1	4200
94	Functional Endoscopic Sinus (FESS)	FP00300014	1	9200
95	Intra Nasal Ethmoidectomy	FP00300015	2	12600
96	Rhinotomy - Lateral	FP00300016	2	10900
97	Nasal polypectomy - Bilateral	FP00300017	1	7700
98	Nasal polypectomy - Unilateral	FP00300018	1	5400
99	Turbinectomy Partial - Bilateral	FP00300019	3	7200
100	Turbinectomy Partial - Unilateral	FP00300020	3	4600
101	Radical fronto ethmo sphenodectomy	FP00300021	5	15500

No.	Procedure	RSBY package code updates	Average length of stay (ALOS)	Proposed rates
102	Rhinoplasty	FP00300022	3	14500
103	Septoplasty	FP00300023	2	8500
104	Sinus Antroscopy	FP00300024	1	4600
105	Submucos resection	FP00300025	1	7500
106	Trans Antral Ethmoidectomy	FP00300026	2	10800
107	Youngs operation	FP00300027	2	5600
108	Angiofibrom Excision	FP00300028	3	14500
109	cranio-facial resection	FP00300029	2	11800
110	Endoscopic DCR	FP00300030	1	5600
111	Endoscopic Hypophysectomy	FP00300031	2	16500
112	Endoscopic surgery	FP00300032	1	6300
113	Intranasal Diathermy	FP00300033	1	1800
114	Lateral Rhinotomy	FP00300034	1	1130
115	Rhinosporosis	FP00300035	5	14500
116	Septo-rhinoplasty	FP00300036	2	6600
117	Removal of FB from nose	FP00300037	D	900
118	Adeno tonsillectomy + Aural polypectomy	FP00300038	D	11000
119	Septoplasty + Functional Endoscopic Sinus (FESS)	FP00300039	D	13500
120	Ant. Ethmoidal artery ligation+ Intra nasal Ethmoidectomy	FP00300040	2	14500
121	Ant. Ethmoidal artery ligation+Nasal polypectomy - Bilateral	FP00300041	3	13750
122	Functional Endoscopic Sinus (FESS) + Nasal polypectomy - Unilateral	FP00300042	3	10250
123	Ant. Ethmoidal artery ligation+ Rhinoplasty	FP00300043	5	16500
124	Antrostomy – Bilateral+ Septoplasty	FP00300044	3	8050
125	Ant. Ethmoidal artery ligation+Functional Endoscopic Sinus (FESS)	FP00300045	3	14500
4. Throat				
126	Adeno Tonsillectomy	FP00400001	1	6000
127	Adenoidectomy	FP00400002	1	4000
128	Arytenoidectomy	FP00400003	2	15000
129	Choanal atresia	FP00400004	2	10000
130	Tonsillectomy + Myrinogotomy	FP00400005	3	10000
131	Pharyngeal diverticulum's – Excision	FP00400006	2	12000
132	Laryngectomy	FP00400007	2	15750
133	Laryngofissure	FP00400012	2	3500
134	Laryngophayryngectomy	FP00400019	2	13500
135	Maxilla – Excision	FP00400008	2	10000
136	Oro Antral fistula	FP00400009	2	10000
137	Parapharyngeal – Exploration	FP00400010	2	10000
138	Parapharyngeal Abscess – Drainage	FP00400011	2	15000
139	peritonsillor abscess under LA	FP00400025	D	1500
140	Excision of Pharyngeal Diverticulum	FP00400028		9500
141	Pharyngoplasty	FP00400013	2	11000
142	Release of Tongue tie	FP00400014	1	2500
143	Retro pharyngeal abscess – Drainage	FP00400015	D	4000
144	Styloidectomy - Both side	FP00400016	3	7500
145	Styloidectomy - One side	FP00400017	3	10000
146	Tonsillectomy + Styloidectomy	FP00400018	2	12500
147	Thyroglossal Fistula – Excision	FP00400020	3	9000
148	Tonsillectomy – Bilateral	FP00400021	1	7000
149	Tonsillectomy – Unilateral	FP00400022	1	5500
150	Total Parotidectomy	FP00400023	2	15000
151	Uvulophanyngo Plasty	FP00400024	2	11000
152	Cleft palate repair	FP00400026	2	8000

No.	Procedure	RSBY package code updates	Average length of stay (ALOS)	Proposed rates
153	Commondo Operation (glossectomy)	FP00400027	5	14000
154	Excision of Branchial Cyst	FP00400029	5	7000
155	Excision of Branchial Sinus	FP00400030	5	5500
156	Excision of Cystic Hygroma Extensive	FP00400031	5	7500
157	Excision of Cystic Hygroma Major	FP00400032	5	4500
158	Excision of Cystic Hygroma Minor	FP00400033	3	3000
159	Excision of the Mandible Segmental	FP00400034	5	3000
160	Hemiglossectomy	FP00400036	5	4500
161	Hemimandibulectomy	FP00400037	5	11000
162	Palatopharyngoplasty	FP00400038	2	14000
163	Parotidectomy – Conservative	FP00400039	5	7000
164	Parotidectomy - Radical Total	FP00400040	5	15000
165	Parotidectomy – Superficial	FP00400041	5	9500
166	Partial Glossectomy	FP00400042	5	3500
167	Ranula excision	FP00400043	3	4000
168	Removal of Submandibular Salivary gland	FP00400044	5	5500
169	Total Glossectomy	FP00400046	5	14000
170	Cheek Advancement	FP00400047	5	9000
171	Adeno tonsillectomy+Aural polypectomy	FP00400035	5	13500
172	Adenoidectomy+Aural polypectomy	FP00400045	4	13500
173	Adeno tonsillectomy+choanal atresia	FP00400048	5	13000
174	Appendicectomy + Cholecystectmy	FP00400049	7	14500
175	Adenolysis + Cholecystectmy	FP00400050	7	22000
176	Adeno tonsillectomy+Nasal polypectomy – Bilateral	FP00400051	5	9450
177	Adenoidectomy+Tonsillectomy – Bilateral	FP00400052	5	8250
178	Adenoidectomy+ Tonsillectomy + Myrinogotomy	FP00400053	5	9800
179	polyp removal under LA	FP00400054	1	1250
5. General Surgery				
180	Abdomino Perineal Resection	FP00500001	3	17500
181	Adventious Burse – Excision	FP00500002	3	8750
182	Anterior Resection for CA	FP00500003	5	10000
183	Appendicectomy	FP00500004	2	6000
184	Appendicular Abscess – Drainage	FP00500005	2	7000
185	Arteriovenous (AV) Malformation of Soft Tissue Tumour - Excision	FP00500006	3	17000
186	Bakers Cyst – Excision	FP00500008	3	5000
187	Bilateral Inguinal block dissection	FP00500009	3	13000
188	Bleeding Ulcer - Gastrectomy & vagotomy	FP00500010	5	17000
189	Bleeding Ulcer - Partial Gastrectomy	FP00500011	5	15000
190	Block dissection Cervical Nodes	FP00500012	3	15750
191	Branchial Fistula	FP00500013	3	13000
192	Breast Lump - Left – Excision	FP00500015	2	5000
193	Breast Lump - Right – Excision	FP00500016	2	5000
194	Bronchial Cyst	FP00500018	3	5000
195	Bursa – Excision	FP00500019	3	7000
196	Bypass - Inoprablaca of Pancreas	FP00500020	5	20400
197	Caecopexy	FP00500021	3	13000
198	Carbuncle back	FP00500022	1	3500
199	Cavernostomy	FP00500023	5	13000
200	Cervial Lymphnodes – Excision	FP00500024	2	2500
201	Colocystoplasty	FP00500027	5	15000
202	Colostomy	FP00500028	5	12500
203	Cyst over Scrotum – Excision	FP00500031	1	4000
204	Cystic Mass – Excision	FP00500032	1	2000
205	Dermoid Cyst - Large – Excision	FP00500033	D	2500
206	Dermoid Cyst - Small – Excision	FP00500034	D	1500

No.	Procedure	RSBY package code updates	Average length of stay (ALOS)	Proposed rates
207	Distal Pancrcatectomy with Pancreatico Jejunostomy	FP00500035	7	17000
208	Diverticulectomy	FP00500036	3	15000
209	Dorsal Slit and Reduction of Paraphimosis	FP00500037	D	1500
210	Drainage of Ischio Rectal Abscess	FP00500038	1	4000
211	Incision and Drainage of large Abscess	FP00500039	D	1500
212	Drainage of Peripherally Gastric Abscess	FP00500040	3	8000
213	Drainage of Psoas Abscess	FP00500041	2	6000
214	Drainage of Subdiaphramatic Abscess	FP00500042	3	8000
215	Drainage Pericardial Effusion	FP00500043	7	11000
216	Duodenal Diverticulum	FP00500044	5	15000
217	Duodenal Jejunostomy	FP00500045	5	15000
218	Duodenectomy	FP00500046	7	20000
219	Dupcrytren's (duputryen's contracture]	FP00500047	7	13000
220	Duplication of Intestine	FP00500048	8	17000
221	Hydrocelectomy + Orchidectomy	FP00500049	2	7000
222	Epidedectomy	FP00500050	3	8000
223	Epididymal Swelling –Excision	FP00500051	2	5500
224	Epidymal Cyst	FP00500052	D	3000
225	Evacuation of Scrotal Hematoma	FP00500053	2	5000
226	Excision Benign Tumor -Small intestine	FP00500054	5	15000
227	Excision Bronchial Sinus	FP00500055	D	8000
228	Excision and drainage of liver Abscess	FP00500056	3	13000
229	Excision Filarial Scrotum	FP00500057	3	8750
230	Excision Mammary Fistula	FP00500058	2	5500
231	Excision Meckel's Diverticulum	FP00500059	3	15000
232	Excision Pilonidal Sinus	FP00500060	2	8250
233	Excision Small Intestinal Fistulla	FP00500061	5	12000
234	Excision of Large Growth from Tongue	FP00500063	3	5000
235	Excision of Small Growth from Tongue	FP00500064	D	1500
236	Excision of Swelling in Right Cervial Region	FP00500065	1	4000
237	Excision of Large Swelling in Hand	FP00500066	D	2500
238	Excision of Small Swelling in Hand	FP00500067	D	1500
239	Excision of Neurofibroma	FP00500068	3	7000
240	Exicision of Siniuds and Curetage	FP00500069	2	7000
241	Facial Decompression	FP00500070	5	15000
242	Fibro Lipoma of Right Sided Spermatic with Lord Excision	FP00500071	1	2500
243	Fibroadenoma – Bilateral	FP00500072	2	7500
244	Fibrodenoma – Unilateral	FP00500073	2	6500
245	Fibroma – Excision	FP00500074	2	7000
246	Fissurectomy	FP00500075	2	7000
247	Fissurectomy and Haemorrhoidectomy	FP00500076	2	11250
248	Fissurectomy with Eversion of Sac - Bilateral	FP00500077	2	8750
249	Fissurectomy with Sphincterotomy	FP00500078	2	9000
250	Fistula Repair	FP00500079	2	5000
251	Foreign Body Removal in Deep Region	FP00500081	2	3000
252	Fulguration	FP00500082	2	5000
253	Fundoplication	FP00500083	3	15750
254	G J Vagotomy	FP00500084	5	15000
255	Vagotomy	FP00500085	3	12000
256	Ganglion - large – Excision	FP00500086	1	3000
257	Ganglion (Dorsum of Both Wrist) - Excision	FP00500087	1	4000
258	Ganglion - Small – Excision	FP00500088	D	1000
259	Gastro jejunal ulcer	FP00500089	5	10000
260	Gastro jejuno Colic Fistula	FP00500090	5	12500
261	Gastrojejunostomy	FP00500091	5	15000

No.	Procedure	RSBY package code updates	Average length of stay (ALOS)	Proposed rates
262	Gastrotomy	FP00500092	7	15000
263	Graham's Operation	FP00500093	5	12500
264	Granuloma – Excision	FP00500094	1	4000
265	Growth – Excision	FP00500095	D	1800
266	Haemangioma – Excision	FP00500096	3	7000
267	Haemorrhage of Small Intestine	FP00500097	3	15000
268	Hemi Glossectomy	FP00500098	3	10000
269	Hemithyroplasty	FP00500101	3	12000
270	Hepatic Resection (lobectomy)	FP00500102	7	15000
271	Hernia – Epigastric	FP00500103	3	10000
272	Hernia – Incisional	FP00500104	3	12250
273	Hernia - Repair & release of obstruction	FP00500105	3	10000
274	Hernia - Umbilical	FP00500106	3	8450
275	Hernia - Ventral - Lipectomy/Incisional	FP00500107	3	10500
276	Hernia - Femoral	FP00500108	3	7000
277	Hernioplasty	FP00500109	3	7000
278	Herniorraphy and Hydrocelectomy Sac Excision	FP00500110	3	10500
279	Hernia - Hiatus - abdominal	FP00500111	5	14500
280	Hydatid Cyst of Liver	FP00500112	3	10000
281	Nodular Cyst	FP00500113	D	3000
282	Hydrocelectomy+Hernioplasty - Excision	FP00500115	3	9000
283	Hydrocele - Excision - Unilateral	FP00500116	2	3750
284	Hydrocele - Excision - Bilateral	FP00500117	2	5000
285	Ilieo Sigmoidostomy	FP00500118	5	13000
286	Infected Bunion Foot - Excision	FP00500119	1	4000
287	Inguinal Node (bulk dissection) axial	FP00500120	2	10000
288	Intestinal perforation	FP00500121	6	9000
289	Intestinal Obstruction	FP00500122	6	9000
290	Intussusception	FP00500123	7	12500
291	Jejunostomy	FP00500124	6	10000
292	Closure of Perforation	FP00500125	5	9000
293	Cysto Reductive Surgery	FP00500126	3	7000
294	Gastric Perforation	FP00500127	6	12500
295	Intestinal Perforation (Resection Anastomosis)	FP00500128	5	11250
296	Appendicular Perforation	FP00500129	5	9500
297	Burst Abdomen Obstruction	FP00500130	7	11000
298	Closure of Hollow Viscus Perforation	FP00500131	5	13500
299	Laryngectomy & Pharyngeal Diverticulum (Throat)	FP00500132	3	10000
300	Anorectoplasty	FP00500133	2	14000
301	Laryngectomy with Block Dissection (Throat)	FP00500134	3	12000
302	Laryngo Fissure (Throat)	FP00500135	3	12500
303	Laryngopharyngectomy (Throat)	FP00500136	3	12000
304	Ileostomy	FP00500137	7	17500
305	Lipoma	FP00500138	D	2000
306	Loop Colostomy Sigmoid	FP00500139	5	12000
307	Lords Procedure (haemorrhoids)	FP00500140	2	5000
308	Lumpectomy - Excision	FP00500141	2	7000
309	Mastectomy	FP00500142	2	9000
310	Mesenteric Cyst - Excision	FP00500143	3	9000
311	Mesenteric Caval Anastomosis	FP00500144	5	10000
312	Microlaryngoscopic Surgery	FP00500145	3	12500
313	Oeshophagoscopy for foreign body removal	FP00500146	D	6000
314	Oesophagectomy	FP00500147	5	14000
315	Oesophagus Portal Hypertension	FP00500148	5	18000
316	Pelvic Abscess - Open Drainage	FP00500149	5	8000
317	Orchidectomy	FP00500150	2	5500

No.	Procedure	RSBY package code updates	Average length of stay (ALOS)	Proposed rates
318	Orchidectomy + Herniorraphy	FP00500151	3	7000
319	Orchidopexy	FP00500152	5	6000
320	Orchidopexy with Circumsion	FP00500153	5	9750
321	Orchidopexy With Eversion of Sac	FP00500154	5	8750
322	Orchidopexy with Herniotomy	FP00500155	5	14875
323	Pancreatrico Deodeneotomy	FP00500157	6	13750
324	Papilloma Rectum - Excision	FP00500158	2	3500
325	Haemorroidectomy+ Fistulectomy	FP00500159	2	7000
326	Phytomatous Growth in the Scalp - Excision	FP00500160	1	3125
327	Porto Caval Anastomosis	FP00500161	5	12000
328	Pyeloroplasty	FP00500162	5	11000
329	Radical Mastectomy	FP00500163	2	12500
330	Radical Neck Dissection - Excision	FP00500164	6	18750
331	Hernia - Spigelian	FP00500165	3	12250
332	Rectal Dilation	FP00500166	1	4500
333	Prolapse of Rectal Mass - Excision	FP00500167	2	8000
334	Rectopexy	FP00500169	3	10000
335	Repair of Common Bile Duct	FP00500170	3	12500
336	Resection Anastomosis (Large Intestine)	FP00500171	8	15000
337	Resection Anastomosis (Small Intestine)	FP00500172	8	15000
338	Retroperitoneal Tumor - Excision	FP00500173	5	15750
339	Haemorroidectomy	FP00500174	2	5000
340	Salivary Gland - Excision	FP00500175	3	7000
341	Sebaceous Cyst - Excision	FP00500176	D	1200
342	Segmental Resection of Breast	FP00500177	2	10000
343	Scrotal Swelling (Multiple) - Excision	FP00500178	2	5500
344	Sigmoid Diverticulum	FP00500179	7	15000
345	Simple closure - Peptic perforation	FP00500180	6	11000
346	Sinus - Excision	FP00500181	2	5000
347	Soft Tissue Tumor - Excision	FP00500182	3	4000
348	Spindle Cell Tumor - Excision	FP00500183	3	7000
349	Splenectomy	FP00500184	10	23000
350	Submandibular Lymphs - Excision	FP00500185	2	4500
351	Submandibular Mass Excision + Reconstruction	FP00500186	5	15000
352	Superficial Parodectomy	FP00500188	5	10000
353	Swelling in Rt and Lt Foot - Excision	FP00500189	1	2400
354	Swelling Over Scapular Region	FP00500190	1	4000
355	Terminal Colostomy	FP00500191	5	12000
356	Thyroplasty	FP00500192	5	11000
357	Coloectomy - Total	FP00500193	6	15000
358	Cystectomy - Total	FP00500194	6	10000
359	Pharyngectomy & Reconstruction - Total	FP00500196	6	13000
360	Tracheal Stenosis (End to end Anastamosis) (Throat)	FP00500197	6	15000
361	Tracheoplasty (Throat)	FP00500198	6	15000
362	Tranverse Colostomy	FP00500199	5	12500
363	Umbilical Sinus - Excision	FP00500200	2	5000
364	Vagotomy & Drainage	FP00500201	5	15000
365	Vagotomy & Pyloroplasty	FP00500202	6	15000
366	Varicose Veins - Excision and Ligation	FP00500203	3	7000
367	Vasco Vasostomy	FP00500204	3	11000
368	Volvlous of Large Bowel	FP00500205	4	15000
369	Warren's Shunt	FP00500206	6	15000
370	Abbe Operation	FP00500207	3	7500
371	Aneurysm not Requiring Bypass Techniques	FP00500208	5	28000
372	Aneurysm Resection & Grafting	FP00500209	D	29000
373	Aorta-Femoral Bypass	FP00500210	D	25000

No.	Procedure	RSBY package code updates	Average length of stay (ALOS)	Proposed rates
374	Arterial Embolectomy	FP00500211	D	20000
375	Aspiration of Empymema	FP00500212	3	1500
376	Benign Tumour of intestine Excisions	FP00500213	3	8500
377	Carotid artery aneurism	FP00500214	7	28000
378	Carotid Body Excision	FP00500215	6	14500
379	Cholecystectomy & Exploration of CBD	FP00500216	7	11500
380	Cholecystostomy	FP00500217	7	9000
381	Congential Arteriovenus Fistula	FP00500218	D	21000
382	Decortication (Pleurectomy)	FP00500219	D	16500
383	Diagnostic Laproscopy	FP00500220	D	4000
384	Dissecting Aneurysms	FP00500221	D	28000
385	Distal Abdominal Aorta	FP00500222	D	22500
386	Dressing under GA	FP00500223	D	1500
387	Estlander Operation	FP00500224	3	6500
388	Examination under Anaesthesia	FP00500225	1	1500
389	Excision and Skin Graft of Venous Ulcer	FP00500226	D	10500
390	Excision of Corns	FP00500227	D	250
391	Excision of Moles	FP00500229	D	300
392	Excision of Molluscumcontagiosum	FP00500230	D	350
393	Excision of Parathyroid Adenoma/Carcinoma	FP00500231	5	13500
394	Excision of Sebaceous Cysts	FP00500232	D	1200
395	Excision of Superficial Lipoma	FP00500233	D	1500
396	Excision of Superficial Neurofibroma	FP00500234	D	300
397	Excision of Thyroglossal Cyst/Fistula	FP00500235	3	7000
398	Femoropopliteal by pass procedure	FP00500238	7	23500
399	Flap Reconstructive Surgery	FP00500239	D	22500
400	Free Grafts - Large Area 10%	FP00500240	D	5000
401	Free Grafts - Theirech- Small Area 5%	FP00500241	D	4000
402	Free Grafts - Very Large Area 20%	FP00500242	D	7500
403	Free Grafts - Wolfe Grafts	FP00500243	10	8000
404	Haemorrhoid – injection	FP00500244	D	500
405	Hemithyroidectomy	FP00500245	D	8000
406	Intrathoracic Aneurysm -Aneurysm not Requiring Bypass Techniques	FP00500246	7	16440
407	Intrathoracic Aneurysm -Requiring Bypass Techniques	FP00500247	7	17460
408	Isthmectomy	FP00500248	5	7000
409	Laproscopic Hernia Repair	FP00500249	3	13000
410	Lap. Assisted left Hemicolectomy	FP00500250	5	17000
411	Lap. Assisted Right Hemicolectomy	FP00500251	3	17000
412	Lap. Assisted small bowel resection	FP00500252	3	14000
413	Lap. Assisted Total Colectomy	FP00500253	5	19500
414	Lap. Cholecystectomy & CBD exploration	FP00500254	5	15000
415	Lap. For intestinal obstruction	FP00500255	5	14000
416	Lap. Hepatic resection	FP00500256	5	17300
417	Lap. Hydatid of liver surgery	FP00500257	5	15200
418	Laproscopic Adhesiolysis	FP00500258	5	11000
419	Laproscopic Adrenalectomy	FP00500259	5	12000
420	Laproscopic Appendicectomy	FP00500260	3	9500
421	Laproscopic Cholecystectomy	FP00500261	5	12000
422	Laproscopic Coliatomus	FP00500262	5	17000
423	Laproscopic cystogastrostomy	FP00500263	5	15000
424	Laproscopic donor Nephroctomy	FP00500264	5	15000
425	Laproscopic Gastrostomy	FP00500266	5	10500
426	Laproscopic Hiatus Hernia Repair	FP00500267	5	17000
427	Laproscopic Pyelolithotomy	FP00500268	5	15000
428	Laproscopic Pyloromyotomy	FP00500269	5	12500

No.	Procedure	RSBY package code updates	Average length of stay (ALOS)	Proposed rates
429	Laproscopic Rectopexy	FP00500270	5	15000
430	Laproscopic Spleenectomy	FP00500271	5	12000
431	Laproscopic Thyroidectomy	FP00500272	5	12000
432	Laproscopic umbilical hernia repair	FP00500273	5	14000
433	Laproscopic ureterolithotomy	FP00500274	5	14000
434	Laproscopic ventral hernia repair	FP00500275	5	14000
435	Laprotomy-peritonitis lavage and drainage	FP00500276	7	7000
436	Ligation of Ankle Perforators	FP00500277	3	10500
437	Lymphatics Excision of Subcutaneous Tissues In Lymphoedema	FP00500278	3	8000
438	Repair of Main Arteries of the Limbs	FP00500279	5	28000
439	Mediastinal Tumour	FP00500280	D	23000
440	Oesophagectomy for Carcinoma Easophagus	FP00500281	7	20000
441	Operation for Bleeding Peptic Ulcer	FP00500282	5	14000
442	Operation for Carcinoma Lip - Vermilionectomy	FP00500283	7	7200
443	Operation for Carcinoma Lip - Wedge Excision and Vermilionectomy	FP00500284	7	8250
444	Operation for Carcinoma Lip - Wedge-Excision	FP00500285	7	7750
445	Appendicectomy - Appendicular Abscess – Drainage	FP005000007	5	9500
446	Caecostomy	FP00500014	5	6500
447	Closure of Colostomy	FP00500017	5	12500
448	Coccygeal Teratoma Excision	FP00500025		15,300
449	Colostomy - Loop Colostomy Transverse Sigmoid	FP00500026		11,900
450	Congenital Atresia & Stenosis of Small Intestine	FP00500029		15,500
451	Cystojejunostomy/or Cystogastrostomy	FP00500030		17500
452	Direct Operation on Oesophagus for Portal Hypertension	FP00500062		19,890
453	Drainage of perinephric abscess	FP00500080	5	8500
454	drainage of perivertibral abscess	FP00500099	5	7000
455	Excision and removal of superficial cysts	FP00500100	D	750
456	Excision I/D Injection keloid or Acne (per site)	FP00500114	D	250
457	Foreign Body Removal in Superficial	FP00500156	D	850
458	Gastrojejunostomy and vagotomy	FP00500168		15500
459	hernia -hiatus-Transthoracic	FP00500187	5	15500
460	Incision and Drainage of small abscess	FP00500228	D	750
461	Intercostal drainage	FP00500265	3	1500
462	operation for carcinoma lip- cheek advancement	FP00500283	7	9250
463	Thymectomy	FP00500335		23000
464	Operation for Gastrojejunal Ulcer	FP00500286	5	13000
465	Operation of Choledochal Cyst	FP00500287	7	12500
466	Operations for Acquired Arteriovenous Fistula	FP00500288	7	19500
467	Operations for Replacement of Oesophagus by Colon	FP00500289	7	21000
468	Operations for Stenosis of Renal Arteries	FP00500290	7	24000
469	Parapharyngeal Tumour Excision	FP00500292	7	11000
470	Partial Pericardectomy	FP00500293	8	14500
471	Partial Thyroidectomy	FP00500294	7	8000
472	Partial/Subtotal Gastrectomy for Carcinoma	FP00500295	7	15500
473	Partial/Subtotal Gastrectomy for Ulcer	FP00500296	7	15500
474	Patch Graft Angioplasty	FP00500297	8	17000
475	Pericardiostomy	FP00500298	10	25000
476	Peritoneal dialysis	FP00500299	1	1500
477	Phimosis Under LA	FP00500300	D	1000
478	Pneumonectomy	FP00500301	8	20000
479	Portocaval Anastomosis	FP00500302	9	22000
480	Removal of Foreign Body from Trachea or Oesophagus	FP00500303	1	2500
481	Removal Tumours of Chest Wall	FP00500304	8	12500
482	Renal Artery aneurysm and dissection	FP00500305	8	28000

No.	Procedure	RSBY package code updates	Average length of stay (ALOS)	Proposed rates
483	Procedures Requiring Bypass Techniques	FP00500306	8	28000
484	Resection Enucleation of Adenoma	FP00500307	7	7500
485	Rib Resection & Drainage	FP00500308	5	7500
486	Skin Flaps - Rotation Flaps	FP00500309	3	5000
487	Soft Tissue Sarcoma	FP00500310	5	12500
488	Splenectomy - For Hypersplenism	FP00500311	8	18000
489	Splenectomy - For Trauma	FP00500312	8	18000
490	Splenorenal Anastomosis	FP00500313	8	20000
491	Superficial Veriscosity	FP00500314	3	2500
492	Surgery for Arterial Aneurysm Carotid	FP00500315	8	15000
493	Surgery for Arterial Aneurysm Renal Artery	FP00500316	6	15000
494	Surgery for Arterial Aneurysm Spleen Artery	FP00500317	7	15000
495	Surgery for Arterial Aneurysm -Vertebral	FP00500318	7	20520
496	Suturing of wounds with local anaesthesia	FP00500319	D	200
497	Suturing without local anaesthesia	FP00500320	D	100
498	Sympathetectomy – Cervical	FP00500321	5	2500
499	Sympathetectomy – Lumbar	FP00500322	5	11500
500	Temporal Bone resection	FP00500323	5	11500
501	Temporary Pacemaker Implantation	FP00500324	5	10000
502	Thorachostomy	FP00500325	5	7500
503	Thoracocentesis	FP00500326	5	1200
504	Thoracoplasty	FP00500327	7	20500
505	Thoracoscopic Decortication	FP00500328	7	19500
506	Thoracoscopic Hydatid Cyst excision	FP00500329	7	16500
507	Thoracoscopic Lebectomy	FP00500330	7	19500
508	Thoracoscopic Pneumonectomy	FP00500331	7	22500
509	Thoracoscopic Segmental Resection	FP00500332	7	18500
510	Thoracoscopic Sympathectomy	FP00500333	7	16500
511	Thrombendarterectomy	FP00500334	7	23500
512	Thorax (penetrating wounds)	FP00500336	7	10000
513	Total Laryngectomy	FP00500337	7	17500
514	Total Thyroidectomy and Block Dissection	FP00500339	10	16500
515	Trendelenburg Operation	FP00500340	5	10500
516	Urethral Dilatation	FP00500341	D	500
517	Vagotomy Pyleroplasty / Gastro Jejunostomy	FP00500342	6	11000
518	Varicose veins – injection	FP00500343	D	500
519	Vasectomy	FP00500344	D	1500
520	Subtotal Thyroidectomy (Toxic Goitre)	FP00500345	5	12000
521	Debridement of Ulcer-Leprosy	FP00500324	7	9000
522	Tissue Reconstruction Flap Leprosy	FP00500335	10	22000
523	Tendon Transfer-Leprosy	FP00500338	10	22000
524	Excision of Veneral Warts	FP00500346	D	250
525	Excision of Warts	FP00500347	d	350
526	Chemical Cautery Wart excision (per sitting)	FP00500348	d	100
527	Adhenolysis + Appendicectomy	FP00500349	5	17500
528	Haemorroidectomy + Fistulectomy	FP00500350	5	12000
529	cleft lip	FP00500291	2	2500
530	cleft lip and palate	FP00500351	5	10000
531	Hernia - Repair & release of obstruction+Hydrocele - Excision – Bilateral	FP00500352	5	10500
532	Hernia - Repair & release of obstruction+Hydrocele - Excision - Unilateral	FP00500353	5	9750
533	Hernia - Repair & release of obstruction+ Hernioplasty	FP00500354	5	11900
534	Hydrocele - Excision - Bilateral + Hernioplasty	FP00500355	3	8500
535	Hydrocele - Excision - Unilateral + Hernioplasty	FP00500356	3	8250
536	Hydrocele - Excision - Bilateral + Cyst over Scrotum -	FP00500357	3	7250

No.	Procedure	RSBY package code updates	Average length of stay (ALOS)	Proposed rates
	Excision			
537	Hydrocele - Excision - unilateral + Cyst over Scrotum - Excision	FP00500358	3	6500
538	Appendicular Perforation +Hysterectomy - abdominal*	FP00500359	7	14500
539	Caecopexy+Hysterectomy - abdominal*	FP00500360	5	16500
540	Cholecystectmy + Hysterectomy - abdominal*	FP00500361	7	16500
541	Cholecystectomy & exploration +Hysterectomy - abdominal*	FP00500362	7	16500
542	Cystocele - Anterior repair+ Hysterectomy - abdominal*	FP00500363	5	1500
543	Fissurectomy and Haemorrhoidectomy+ Hysterectomy - Abdominal*	FP00500364	5	15250
544	Hysterectomy with bilateral salpingo operectomy+Adhenolysis*	FP00500365	7	20450
545	Hysterectomy with bilateral salpingo operectomy+Appendicectomy*	FP00500366	5	12250
546	Skin Grafting + Fasciotomy	FP00500367	7	13650
547	Hernioplasty + Orchidectomy	FP00500368	5	8750
548	Appendicectomy + Ovarian Cystectomy	FP00500369	5	10150
549	Appendicular Perforation +Ovarian Cystectomy	FP00500370	5	13500
550	Fissurectomy and Haemorrhoidectomy+ Rectal Dilation	FP00500371	3	9500
551	Rectal Dilation + Rectal Polyp	FP00500372	3	5750
552	Cholecystectomy & exploration + Repair of Common Bile Duct	FP00500373	7	17750
553	Cholecystectmy + Caecopexy	FP00500374	7	18000
554	Cholecystectomy & exploration + Adhenolysis	FP00500375	7	23650
555	Fissurectomy +Fistulectomy	FP00500376	5	12500
556	Removal of foreign body (from skin/muscle)	FP00500377	D	450
557	Aspiration of cold Abscess of Lymphnode	FP00500378	D	2,040
558	Aspiration of Empyema	FP00500379	D	1,700
559	Injury of Superficial Soft Tissues - Debridement of wounds	FP00500380	D	850
560	Injury of Superficial Soft Tissues - Delayed primary suture	FP00500381	D	1250
561	Injury of Superficial Soft Tissues - Secondary suture of wounds	FP00500382	D	850
6. Obstetrics and Gynaecology				
562	Abdomonal open for stress incision	FP00600001	5	13000
563	Bartholin abscess I & D	FP00600002	D	2200
564	Bartholin cyst removal	FP00600003	D	2200
565	Cervical Polypectomy	FP00600004	1	3500
566	Cyst – Labial	FP00600005	D	2000
567	Cyst -Vaginal Enucleation	FP00600006	D	2100
568	Ovarian Cystectomy	FP00600007	1	8000
569	Cystocele - Anterior repair	FP00600008	2	11500
570	D&C (Dilatation & curretage)	FP00600009	D	2750
571	Electro Cauterisation Cryo Surgery	FP00600010	D	2750
572	Fractional Curretage	FP00600011	D	2750
573	Gilliam's Operation	FP00600012	2	6900
574	Haemato Colpo/Excision - Vaginal Septum	FP00600013	D	3450
575	Hymenectomy & Repair of Hymen	FP00600014	D	5750
576	Hysterectomy - abdominal*	FP00600015	5	11500
577	Hysterectomy - Vaginal*	FP00600016	5	11500
578	Hysterectomy - Wertheim's operation*	FP00600017	5	14000
579	Hysterotomy -Tumors removal	FP00600018	5	14500
580	Myomectomy – Abdominal	FP00600019	5	12000
581	Ovarectomy/Oophorectomy	FP00600020	3	8000

No.	Procedure	RSBY package code updates	Average length of stay (ALOS)	Proposed rates
582	Perineal Tear Repair	FP00600021	D	2100
583	Prolapse Uterus -L forts	FP00600022	5	13000
584	Prolapse Uterus – Manchester	FP00600023	5	13000
585	Retro Vaginal Fistula –Repair	FP00600024	3	14000
586	Salpingoophrectomy	FP00600025	3	8750
587	Tuboplasty	FP00600026	3	9500
588	Vaginal Tear –Repair	FP00600027	D	3500
589	Vulvectomy	FP00600028	2	9200
590	Vulvectomy – Radical	FP00600029	2	8600
591	Vulval Tumors – Removal	FP00600030	3	5750
592	Normal Delivery	FP00600031	2	3500
593	Casearean delivery	FP00600032	4	6900
594	Caesarean+ Hysterectomy*	FP00600033	4	12500
595	Conventional Tubectomy	FP00600034	2	3000
596	D&C (Dilatation & curetage) > 12 weeks	FP00600035	1	5200
597	D&C (dilatation & Curretage) up to 12 weeks	FP00600036	D	4000
598	D&C (Dilatation & curretage) up to 8 weeks	FP00600037	D	3000
599	Destructive operation	FP00600038	5	7500
600	Hysterectomy- Laproscopy*	FP00600039	3	15000
601	Insertion of IUD Device	FP00600040	D	575
602	Laproscopy Salpingoplasty/ ligation	FP00600041	D	7500
603	Laprotomy -failed Laproscopy to explore	FP00600042	5	9500
604	Laprotomy for ectopic rupture	FP00600043	5	8500
605	Low Forceps+ Normal delivery	FP00600044	3	5500
606	Low mid cavity forceps + Normal delivery	FP00600045	3	5500
607	Lower Segment Caesarean Section	FP00600046	4	6900
608	Manual removal of Placenta for outside delivery etc.	FP00600047	3	4250
609	manual removal of Placenta	FP00600059	1	2500
610	Normal delivery with episiosty and P repair	FP00600048	3	5100
611	Perforation of Uterus after D/E laprotomy and closure	FP00600049	5	14000
612	Repair of post coital tear, Perineal injury	FP00600050	1	2750
613	Rupture Uterus , closer and repair with tubal ligation	FP00600051	4	14000
614	Salpingo-oophorectomy	FP00600052	4	10500
615	Shirodkar Mc. Donalds stich	FP00600053	5	2800
616	Casearean delivery + Tubectomy	FP00600054	4	7500
617	Pre-eclampsia + Casearean Delivery	FP00600055	7	10000
618	Pre-eclampsia + Normal Delivery	FP00600056	5	7500
619	Normal Delivery + Tubectomy	FP00600057	4	6500
620	Puerperal Sepsis	FP00600058	3	5500
621	Bartholin abscess I & D + Cyst -Vaginal Enucleation	FP00600060	d	3100
622	Adhenolysis + Cystocele - Anterior repair	FP00600061	7	17500
623	Ablation of Endometrium + D&C (Dilatation & curretage)	FP00600062	1	6000
624	Ablation of Endometrium + Hysterectomy - abdominal*	FP00600063	7	12500
625	Oophorectomy + Hysterectomy - abdominal*	FP00600064	5	13000
626	Ovarian Cystectomy + Hysterectomy - abdominal*	FP00600065	5	13000
627	Salpingoophrectomy + Hysterectomy - abdominal*	FP00600066	5	13500
628	Hysterectomy (Abdominal and Vaginal) + Cystocele - Anterior Repair*	FP00600067	7	15000
629	Hysterectomy (Abdominal and Vaginal) + Perineal Tear Repair*	FP00600068	5	11000
630	Hysterectomy (Abdominal and Vaginal) + Salpingoophrectomy*	FP00600069	7	13750
631	Cystocele - Anterior Repair + Perineal Tear Repair	FP00600070	5	11500
632	Cystocele - Anterior Repair + Salpingoophrectomy	FP00600071	5	15000
633	Perineal Tear Repair + Salpingoophrectomy	FP00600072	5	6000

No.	Procedure	RSBY package code updates	Average length of stay (ALOS)	Proposed rates
634	Hysterectomy (Abdominal and Vaginal) + Cystocele - Anterior Repair + Perineal Tear Repair*	FP00600073	5	16000
635	Hysterectomy (Abdominal and Vaginal) + Cystocele - Anterior Repair + Salpingoophrectomy*	FP00600074	5	18000
636	Hysterectomy (Abdominal and Vaginal) + Cystocele - Anterior Repair + Perineal Tear Repair + Salpingoophrectomy*	FP00600075	5	19500
637	Cystocele - Anterior Repair + Perineal Tear Repair + Salpingoophrectomy	FP00600076	5	13500
638	Abdominal Perineal neo construction Cx+Uteria+Vagina	FP00600077	5	12000
639	Cervical biopsy	FP00600078	d	750
640	Cone Biopsy Cervix	FP00600079	d	750
641	Colopotomy	FP00600080	d	900
642	Colpollaisis/Colporrhophy	FP00600081	1	3000
643	Operation for stress incontinence	FP00600082	5	9200
644	Radical Vulvectomy	FP00600083	5	9200
645	Comprehensive mother package (three antenal check-up , diagnostics , treatment and Delivery - normal or caesarean)	FP00600084	120	7500
646	Ablation of Endometriotic Spot +Adhenolysis	FP00600085	3	6500
647	Bartholin abscess I & D + cervical polypectomy	FP00600086	3	4500
648	Bartholin cyst removal + cervical polypectomy	FP00600087	3	4500
649	Bartholin abscess I & D +Cyst -Vaginal Enucleation	FP00600088	3	3750
650	Abdomonal open for stress incision+Cystocele - Anterior repair	FP00600089	7	16250
651	Ablation of Endometriotic Spot +Cystocele - Anterior repair	FP00600090	5	12500
652	Adhenolysis+ Cystocele - Anterior repair	FP00600091	5	18500
653	Cervical polypectomy + Cystocele - Anterior repair	FP00600092	5	12500
654	Casearean delivery + Cystocele - Anterior repair	FP00600093	5	12500
655	D&C (Dilatation & curretage) + Ablation of Endometrium	FP00600094	2	6250
656	D&C (Dilatation & curretage) +Bartholin abscess I & D	FP00600095	2	3500
657	D&C (Dilatation & curretage) + Cervical polypectomy	FP00600096	2	4250
658	Ablation of Endometrium + Electro Cauterisation Cryo Surgery	FP00600097	2	6250
659	D&C (Dilatation & curretage) +Electro Cauterisation Cryo Surgery	FP00600098	1	3750
660	Hysterectomy - Vaginal+ Haemorroidectomy*	FP00600099	5	13500
661	Adhenolysis +Hernia - Ventral - Lipectomy/Incisiona	FP00600100	5	22500
662	Hysterectomy - abdominal+Hernia - Epigastric*	FP00600101	5	15500
663	Hysterectomy - abdominal+ Hernia - Incisional*	FP00600102	7	16500
664	Hysterotomy -Tumors removal+ Hernia - Incisional	FP00600103	5	18650
665	Casearean delivery+Hernia - Incisional	FP00600104	5	12500
666	Hysterectomy - abdominal+Ablation of Endometrium*	FP00600105	5	12500
667	Ovarian Cystectomy +Hysterotomy -Tumors removal	FP00600106	7	14500
668	Inguinal hernia - Unilateral + Adhenolysis	FP00600107	5	15500
669	Intestinal Obstruction + Appendicectomy	FP00600108	5	12500
670	Appendicectomy + Fissurectomy	FP00600109	3	9500
671	Cyst over Scrotum - Excision + Fissurectomy and Haemorrhoidectomy	FP00600110	3	9500
672	Ablation of Endometriotic Spot +Ovarian Cystectomy	FP00600111	5	8750
673	Ablation of Endometrium +Ovarian Cystectomy	FP00600112	5	8750
674	D&C (Dilatation & curretage) +Ovarian Cystectomy	FP00600113	5	7500
675	Casearean delivery+Ovarian Cystectomy	FP00600114	7	9500
676	Ablation of Endometriotic Spot + Polypectomy	FP00600115	4	8400

No.	Procedure	RSBY package code updates	Average length of stay (ALOS)	Proposed rates
677	Ablation of Endometrium + Polypectomy	FP00600116	4	8400
678	D&C (Dilatation & curretage) + Polypectomy	FP00600117	4	9750
679	Casearean delivery+ Salpingoophrectomy	FP00600118	5	9500
680	Ablation of Endometriotic Spot +Salpingostomy	FP00600119	5	9800
681	Adhenolysis+ Salpingostomy	FP00600120	5	9500
682	Adhenolysis+ Ovarian Cystectomy	FP00600121	5	15000
683	Normal delivery + Perineal tear repair	FP00600122	3	4500
684	Electro Cauterisation Cryo Surgery +Fractional Curretage	FP00600123	2	4250
685	Broad Ligment Haemotoma drainage	FP00600124	3	7650
686	Brust abodomen repair	FP00600125	5	11500
687	Colopotomy-drainage P/V needling EUA	FP00600126	2	3500
688	Examination under anaesthesia	FP00600127	D	2500
689	Excision of urethral caruncle	FP00600128	1	2750
690	Exploration of abdominal haematoma (after laparotomy + LUCS)	FP00600129	5	10500
691	Exploration of Perineal haematoma & Resuturing of episiotomy	FP00600130	3	7225
692	Exploration of PPH-tear repair	FP00600131	3	3400
693	Gaping Perineal wound secondary suturing	FP00600132	1	2040
694	Internal podalic version and extraction	FP00600133	3	7650
695	Laparotomy for Ectopic rupture	FP00600134	5	12750
696	Laparotomy-failed laparoscopy to explore	FP00600135	3	6500
697	Laparotomy-peritonitis lavage and drainage	FP00600136	5	10200
698	Perforation of Uterus after D/E Laparotomy & Closure	FP00600137	5	12750
699	Repair of post-coital tear, Perineal injury	FP00600138	1	2900
700	Rupture Uterus, closure & repair with tubal ligation	FP00600139	5	15300
701	Suction evacuation vesicular mole, missed abortion D/E	FP00600140	2	4250
702	Comprehensive mother package (three antenal check-up , diagnostics , treatment and Delivery - normal or caesarean)	FP00600141	120	7500
7. Endoscopic procedures				
703	Cholecystectomy and Drainage of Liver abscess	FP00700001	3	14200
704	Cholecystectomy with Excision of TO Mass	FP00700002	4	15000
705	Cyst Aspiration	FP00700003	D	1750
706	Endometria to Endometria Anastomosis	FP00700004	3	7000
707	Fimbriolysis	FP00700005	2	5000
708	Hemicolectomy	FP00700006	4	17000
709	Hysterectomy with bilateral Salpingo Operectomy*	FP00700007	3	12250
710	Incisional Hernia – Repair	FP00700008	2	12250
711	Inguinal Hernia – Bilateral	FP00700009	2	10000
712	Inguinal hernia – Unilateral	FP00700010	2	11000
713	Intestinal resection	FP00700011	3	13500
714	Myomectomy	FP00700012	2	10500
715	Oophorectomy	FP00700013	2	7000
716	Peritonitis	FP00700014	5	9000
717	Salpingo Oophorectomy	FP00700015	3	9000
718	Salpingostomy	FP00700016	2	9000
719	Uterine septum	FP00700017	D	7500
720	Varicocele – Bilateral	FP00700018	1	15000
721	Varicocele – Unilateral	FP00700019	1	11000
722	Repair of Ureterocele	FP00700020	3	10000
723	Oesophageal Sclerotheraphy for varies first sitting	FP00700021	D	1400
724	Oesophageal Sclerotheraphy for varies subsequent sitting	FP00700022	D	1100
725	Upper GI endoscopy	FP00700023	D	900
726	Upper GI endoscopy with biopsy	FP00700024	D	1200

No.	Procedure	RSBY package code updates	Average length of stay (ALOS)	Proposed rates
727	ERCP	FP00700025	D	8000
8.Hysteroscopice procedures				
728	Ablation of Endometrium	FP00800001	D	5000
729	Hysteroscopic Tubal Cannulation	FP00800002	D	7500
730	Polypectomy	FP00800003	D	7000
731	Uterine Synechia – Cutting	FP00800004	D	7500
9. Neurosurgery				
732	Aneurysm	FP00900001	10	28750
733	Anterior Encephalocele	FP00900002	10	28750
734	Burr hole	FP00900003	8	20625
735	Carotid Endartrectomy	FP00900004	10	20625
736	carotid body tumour – excision	FP00900024	10	21500
737	Carpal Tunnel Release	FP00900005	5	12100
738	Cervical Ribs – Bilateral	FP00900006	7	14300
739	Cervical Ribs – Unilateral	FP00900007	5	11000
740	Cranio Ventricle	FP00900008	9	15400
741	Cranioplasty	FP00900009	7	11000
742	Craniostenosis	FP00900010	7	22000
743	Cerebrospinal Fluid (CSF) Rhinorrhoea	FP00900011	3	11000
744	Duroplasty	FP00900012	5	9900
745	Haematoma - Brain (head injuries)	FP00900013	9	24200
746	Haematoma - Brain (hypertensive)	FP00900014	9	24200
747	Haematoma (Child irritable subdural)	FP00900015	10	24200
748	Laminectomy with Fusion	FP00900016	6	17875
749	Local Neurectomy	FP00900017	6	12100
750	Lumbar Disc	FP00900018	5	12000
751	Meningocele – Anterior	FP00900019	10	33000
752	Meningocele – Lumbar	FP00900020	8	24750
753	Meningococcal – Occipital	FP00900021	10	29000
754	Microdiscectomy – Cervical	FP00900022	10	16500
755	Microdiscectomy – Lumber	FP00900023	10	16500
756	Peripheral Nerve Surgery	FP00900025	7	13200
757	Posterior Fossa - Decompression	FP00900026	8	20625
758	Repair & Transposition Nerve	FP00900027	3	7150
759	Brachial Plexus – Repair	FP00900028	7	20625
760	Spina Bifida - Large - Repair	FP00900029	10	24200
761	Spina Bifida - Small - Repair	FP00900030	10	19800
762	Shunt	FP00900031	7	16000
763	Skull Traction	FP00900032	5	9000
764	Spine - Anterior Decompression	FP00900033	8	21000
765	Spine - Canal Stenosis	FP00900034	6	15400
766	Spine - Decompression & Fusion	FP00900035	6	18700
767	Spine - Disc Cervical/Lumber	FP00900036	6	16500
768	Spine - Extradural Tumour	FP00900037	7	15400
769	Spine - Intradural Tumour	FP00900038	7	15400
770	Spine - Intramedullar Tumour	FP00900039	7	16500
771	Subdural aspiration	FP00900040	3	8800
772	Temporal Rhizotomy	FP00900041	5	13200
773	Trans Sphenoidal	FP00900042	6	16500
774	Tumours - Supratentorial	FP00900043	7	25000
775	Tumours Meninges - Gocussa	FP00900044	7	25000
776	Tumours Meninges - Posterior	FP00900045	7	25000
777	Vagotomy - Selective	FP00900046	5	16500
778	Vagotomy with Gastrojejunostomy	FP00900047	6	16500
779	Vagotomy with Pyeloroplasty	FP00900048	6	16500
780	Vagotomy - Highly Selective	FP00900049	5	16500

No.	Procedure	RSBY package code updates	Average length of stay (ALOS)	Proposed rates
781	Ventricular Puncture	FP00900050	3	9000
782	Brain Biopsy	FP00900051	5	13750
783	Cranial Nerve Anastomosis	FP00900052	5	11000
784	Depressed Fracture	FP00900053	7	18150
785	Nerve Biopsy excluding Hensens	FP00900054	2	4950
786	Peripheral Neurectomy (Trigeminal)	FP00900055	5	11550
787	Peritoneal Shunt	FP00900056	5	11000
788	R.F. Lesion for Trigeminal Neuralgia -	FP00900057	5	5500
789	Subdural Tapping	FP00900058	3	2200
790	Twist Drill Craniostomy	FP00900059	3	11550
10.Ophthalmology				
791	Abscess Drainage of Lid	FP01000001	D	550
792	Anterior Chamber Reconstruction	FP01000002	3	7700
793	Buckle Removal	FP01000003	2	10450
794	Canaliculo Dacryocysto Rhinostomy	FP01000004	1	7700
795	Capsulotomy	FP01000005	1	2200
796	Cataract – Bilateral with IOL	FP01000006	D	6500
797	Cataract – Unilateral with IOL	FP01000007	D	3500
798	Corneal Grafting	FP01000008	D	5000
799	Cryoretinopexy – Closed	FP01000009	1	4000
800	Cryoretinopexy – Open	FP01000010	1	5500
801	Cyclocryotherapy	FP01000011	D	6600
802	Cyst	FP01000012	D	3850
803	Dacryocystectomy With Pterigium - Excision	FP01000013	D	1100
804	Pterigium + Conjunctival Autograft	FP01000014	D	7150
805	Dacryocystectomy	FP01000015	D	7500
806	Endoscopic Optic Nerve Decompression	FP01000016	D	5500
807	Endoscopic Optic Orbital Decompression	FP01000017	D	8800
808	Enucleation	FP01000018	1	8800
809	Enuleation with Implant	FP01000019	1	2200
810	Exentration	FP01000020	D	7500
811	Ectropion Correction	FP01000021	D	3850
812	Glaucoma surgery (trabeculectomy)	FP01000022	2	3300
813	Intraocular Foreign Body Removal	FP01000023	D	7700
814	Keratoplasty	FP01000024	1	3300
815	Lensectomy	FP01000025	D	8800
816	Limbal Dermoid Removal	FP01000026	D	8250
817	Membranectomy	FP01000027	D	2750
818	Perforating corneo - Scleral Injury	FP01000028	2	6600
819	Pterigium (Day care)	FP01000029	D	5500
820	Ptosis	FP01000030	D	1100
821	Radial Keratotomy	FP01000031	1	4500
822	IRIS Prolapse – Repair	FP01000032	2	10,000
823	Retinal Detachment Surgery	FP01000033	2	3500
824	Small Tumour of Lid – Excision	FP01000034	D	11000
825	Socket Reconstruction	FP01000035	3	550
826	Trabeculectomy – Right	FP01000036	D	6600
827	Iridectomy	FP01000037	D	8500
828	Tumours of IRIS	FP01000038	2	1980
829	Vitrectomy	FP01000039	2	4400
830	Vitrectomy + Retinal Detachment	FP01000041	3	14000
831	Acid and alkali burns	FP01000042	D	550
832	Cataract with foldable IOL by Phoco emulsification tech. unilateral /SICS with foldable lens	FP01000043	D	6000
833	Cataract with foldable IOL with Phoco emulsification Bilateral/ SICS with foldable lens	FP01000044	D	9500

No.	Procedure	RSBY package code updates	Average length of stay (ALOS)	Proposed rates
834	Cauterisation of ulcer/subconjuctival injection - both eye	FP01000045	D	220
835	Cauterisation of ulcer/subconjuctival injection - One eye	FP01000046	D	110
836	Chalazion - both eye	FP01000047	D	660
837	Chalazion - one eye	FP01000048	D	500
838	Conjunctival Melanoma	FP01000049	D	1100
839	Dacryocystectomy (DCY)	FP01000051	D	6000
840	Decompression of Optic nerve	FP01000053	D	13500
841	EKG/EOG	FP01000054	1	1350
842	Entropion correction	FP01000055	D	3300
843	Epicantuhus correction	FP01000056	D	2200
844	Epilation	FP01000057	D	250
845	ERG	FP01000058	D	825
846	Eviseration	FP01000059	D	2700
847	Laser for retinopathy (per sitting)	FP01000060	1	1320
848	Laser inter ferometry	FP01000061	D	1650
849	Lid tear	FP01000062	D	4500
850	Orbitotomy	FP01000063	D	6600
851	Squint correction	FP01000064	1	12500
852	Lasix laser	FP01000040	d	10000
853	terigium removal	FP01000050	d	750
854	Cataract – Unilateral +Glaucoma surgery (trabeculectomy)	FP01000052	2	7500
855	Cataract – Bilateral +Glaucoma surgery (trabeculectomy)	FP01000065	2	9000
856	Pterigium + Conjunctival Autograft +Glaucoma surgery (trabeculectomy)	FP01000066	2	8000
857	Anterior Chamber Reconstruction +Cataract – Unilateral	FP01000067	2	8750
858	Canaliculo Dacryocysto Rhinostomy +Cataract – Unilateral	FP01000068	2	8750
859	Abscess Drainage of Lid +Cryoretinopexy - Closed	FP01000069	2	5250
860	Lensectomy +Vitrectomy	FP01000070	2	8400
861	Trabeculectomy + Vitrectomy	FP01000071	2	8400
862	Anterior Chamber Reconstruction +Perforating corneo - Scleral Injury	FP01000072	3	9200
863	Cataract – Unilateral + trabecullectomy	FP01000073	3	7700
864	Retrobulbar injections both eyes	FP01000074	D	450
865	Retrobulbar injections one eye	FP01000075	D	250
866	syringing of lacrimal sac for both eyes	FP01000076	D	350
867	Syringing of lacrimal sac for one eye	FP01000077	D	250
11. Orthopedics				
868	Acromion reconstruction	FP01100001	10	20,000
869	Accessory bone - Excision	FP01100002	3	12,000
870	Amputation - Upper Fore Arm	FP01100003	5	16,000
871	Amputation - Index Finger	FP01100004	1	1,000
872	Amputation - Forearm	FP01100005	5	18,000
873	Amputation - Wrist Axillary Node Dissection	FP01100006	4	12,000
874	Amputation - 2nd and 3rd Toe	FP01100007	1	2,000
875	Amputation - 2nd Toe	FP01100008	1	1,000
876	Amputation - 3rd and 4th Toes	FP01100009	1	2,000
877	Amputation - 4th and 5th Toes	FP01100010	1	2,000
878	Amputation - Ankle	FP01100011	5	12,000
879	Amputation - Arm	FP01100012	6	18,000
880	Amputation - Digits	FP01100013	1	5,000
881	Amputation - Fifth Toe	FP01100014	1	1,700
882	Amputation - Foot	FP01100015	5	18,000
883	Amputation - Forefoot	FP01100016	5	15,000

No.	Procedure	RSBY package code updates	Average length of stay (ALOS)	Proposed rates
884	Amputation - Great Toe	FP01100017	1	2,500
885	Amputation - Wrist	FP01100018	5	12,000
886	Amputation - Leg	FP01100019	7	20,000
887	Amputation - Part of Toe and Fixation of K Wire	FP01100020	5	12,000
888	Amputation - Thigh	FP01100021	7	20,000
889	Anterior & Posterior Spine Fixation	FP01100022	6	25,000
890	Arthoplasty – Excision	FP01100023	3	8,000
891	Arthorotomy	FP01100024	7	15,000
892	Arthrodesis Ankle Triple	FP01100025	7	16,000
893	Arthorotomy + Synevectomy	FP01100026	3	15,000
894	Arthoplasty of Femur head - Excision	FP01100027	7	18,000
895	Bimalleolar Fracture Fixation	FP01100028	6	12,000
896	Bone Tumour and Reconstruction -Major - Excision	FP01100029	6	13,000
897	Bone Tumour and Reconstruction - Minor - Excision	FP01100030	4	10,000
898	Calcaneal Spur - Excision of Both	FP01100031	3	9,000
899	Clavicle Surgery	FP01100032	5	15,000
900	Close Fixation - Hand Bones	FP01100033	3	7,000
901	Close Fixation - Foot Bones	FP01100034	2	6,500
902	Close Reduction - Small Joints	FP01100035	1	3,500
903	Closed Interlock Nailing + Bone Grafting	FP01100036	2	12,000
904	Closed Interlocking Intramedullary	FP01100037	2	12,000
905	Closed Interlocking Tibia + Orif of Fracture Fixation	FP01100038	3	12,000
906	Closed Reduction and Internal Fixation	FP01100039	3	12,000
907	Closed Reduction and Internal Fixation with K wire	FP01100040	3	12,000
908	Closed Reduction and Percutaneous Screw Fixation	FP01100041	3	12,000
909	Closed Reduction and Percutaneous Pinning	FP01100042	3	12,000
910	Closed Reduction and Percutaneous Nailing	FP01100043	3	12,000
911	Closed Reduction and Proceed to Posterior Stabilization	FP01100044	5	16,000
912	Debridement & Closure - Major	FP01100045	3	5,000
913	Debridement & Closure - Minor	FP01100046	1	3,000
914	Decompression and Spinal Fixation	FP01100047	5	20,000
915	Decompression and Stabilization with Steffi plate	FP01100048	6	20,000
916	Decompression L5 S1 Fusion with Posterior Stabilization	FP01100049	6	20,000
917	Decompression of Carpal Tunnel Syndrome	FP01100050	2	4,500
918	Decompression Posterior D12+L1	FP01100051	5	18,000
919	Decompression Stabilization and Laminectomy	FP01100052	5	16,000
920	Dislocation - Elbow	FP01100053	D	1,000
921	Dislocation - Shoulder	FP01100054	D	1,000
922	Dislocation- Hip	FP01100055	1	1,000
923	Dislocation - Knee	FP01100056	1	1,000
924	Drainage of Abscess Cold	FP01100057	D	1,250
925	Duputryen’s Contracture	FP01100058	6	12,000
926	Epiphyseal Stimulation	FP01100059	3	10,000
927	Exostosis - Small bones -Excision	FP01100060	2	5,500
928	Exostosis - Femur - Excision	FP01100061	7	15,000
929	Exostosis - Humerus - Excision	FP01100062	7	15,000
930	Exostosis - Radius - Excision	FP01100063	6	12,000
931	Exostosis - Ulna - Excision	FP01100064	6	12,000
932	Exostosis - Tibia- Excision	FP01100065	6	12,000
933	Exostosis - Fibula - Excision	FP01100066	6	12,000
934	Exostosis - Patella - Excision	FP01100067	6	12,000
935	Exploration and Ulnar Repair	FP01100068	5	9,500
936	External fixation - Long bone	FP01100069	4	13,000
937	External fixation - Small bone	FP01100070	2	11,500
938	External fixation - Pelvis	FP01100071	5	15,000

No.	Procedure	RSBY package code updates	Average length of stay (ALOS)	Proposed rates
939	Fasciotomy	FP01100072	2	12,000
940	Fixator with Joint Arthrolysis	FP01100073	9	18,000
941	Fracture - Acetabulum	FP01100074	9	18,000
942	Fracture - Femoral neck - MUA & Internal Fixation	FP01100075	7	18,000
943	Fracture - Femoral Neck Open Reduction & Nailing	FP01100076	7	15,000
944	Fracture - Fibula Internal Fixation	FP01100077	7	15,000
945	Fracture - Hip Internal Fixation	FP01100078	7	15,000
946	Fracture - Humerus Internal Fixation	FP01100079	2	13,000
947	Fracture - Olecranon of Ulna	FP01100080	2	9,500
948	Fracture - Radius Internal Fixation	FP01100081	2	9,500
949	Fracture - TIBIA Internal Fixation	FP01100082	4	10,500
950	Fracture - Ulna Internal Fixation	FP01100084	4	9,500
951	Fractured Fragment Excision	FP01100085	2	7,500
952	Girdle Stone Arthoplasty	FP01100086	7	15,000
953	Harrington Instrumentation	FP01100087	5	15,000
954	Head Radius - Excision	FP01100088	3	15,000
955	High Tibial Osteotomy	FP01100089	5	15,000
956	Hip Region Surgery	FP01100090	7	18,000
957	Hip Spica	FP01100091	D	4,000
958	Internal Fixation Lateral Epicondyle	FP01100092	4	9,000
959	Internal Fixation of other Small Bone	FP01100093	3	7,000
960	Joint Reconstruction	FP01100094	10	22,000
961	Laminectomy	FP01100095	9	18,000
962	Leg Lengthening	FP01100096	8	15,000
963	Llizarov Fixation	FP01100097	6	15,000
964	Multiple Tendon Repair	FP01100098	5	12,500
965	Nerve Repair Surgery	FP01100099	6	14,000
966	Nerve Transplant/Release	FP01100100	5	13,500
967	Neurolysis	FP01100101	7	18,000
968	Open Reduction Internal Fixation (2 Small Bone)	FP01100102	5	12,000
969	Open Reduction Internal Fixation (Large Bone)	FP01100103	6	16,000
970	Open Reduction of CDH	FP01100104	7	17,000
971	Open Reduction of Small Joint	FP01100105	1	7,500
972	Open Reduction with Phemister Grafting	FP01100106	3	10,000
973	Osteotomy -Small Bone	FP01100107	6	18,000
974	Osteotomy -Long Bone	FP01100108	8	21,000
975	Patellectomy	FP01100109	7	15,000
976	Pelvic Fracture - Fixation	FP01100110	8	17,000
977	Pelvic Osteotomy	FP01100111	10	22,000
978	Percutaneous - Fixation of Fracture	FP01100112	6	10,000
979	Prepatellar Bursa and Repair of MCL of Knee	FP01100113	7	15,500
980	Reconstruction of ACL/PCL	FP01100114	7	19,000
981	Retro calcaneal Bursa - Excision	FP01100115	4	10,000
982	Sequestrectomy of Long Bones	FP01100116	7	18,000
983	Shoulder Jacket	FP01100117	D	5,000
984	Sinus Over Sacrum Excision	FP01100118	2	7,500
985	Skin Grafting	FP01100119	2	7,500
986	Spinal Fusion	FP01100120	10	22,000
987	Synevectomy	FP01100121	7	18,000
988	Synovial Cyst - Excision	FP01100122	1	7,500
989	Tendon Achilles Tenotomy	FP01100123	1	5,000
990	Tendon Grafting	FP01100124	3	18,000
991	Tendon Nerve Surgery of Foot	FP01100125	1	2,000
992	Tendon Release	FP01100126	1	2,500
993	Tenolysis	FP01100127	2	8,000
994	Tenotomy	FP01100128	2	8,000

No.	Procedure	RSBY package code updates	Average length of stay (ALOS)	Proposed rates
995	Tension Band Wiring Patella	FP01100129	5	12,500
996	Trigger Thumb	FP01100130	D	2,500
997	Wound Debridement	FP01100131	D	1,000
998	Application of Functional Cast Brace	FP01100132	D	1,200
999	Application of P.O.P. casts for Upper & Lower Limbs	FP01100133	D	850
1000	Application of P.O.P. Spica's & Jackets	FP01100134	D	2,450
1001	Application of Skeletal Tractions	FP01100135	D	1,500
1002	Application of Skin Traction	FP01100136	D	800
1003	Arthoplasty (joints) - Excision	FP01100137	3	13,000
1004	Aspiration & Intra Articular Injections	FP01100138	D	1,000
1005	Bandage & Strapping for Fractures	FP01100139	D	600
1006	Close Reduction of Fractures of Limb & P.O.P.	FP01100140	D	2,000
1007	Internal Wire Fixation of Mandible & Maxilla	FP01100141	D	9,500
1008	Reduction of Compound Fractures	FP01100142	1	4,000
1009	Reduction of Facial Fractures of Maxilla	FP01100143	1	8,500
1010	Reduction of Fractures of Mandible & Maxilla - Cast Netal Splints	FP01100144	2	5,500
1011	Reduction of Fractures of Mandible & Maxilla - Eye Let Splinting	FP01100145	2	5,500
1012	Reduction of Fractures of Mandible & Maxilla - Gumming Splints	FP01100146	2	5,500
1013	Accessory bone - Excision + Acromion reconstruction	FP01100083	5	22,400
1014	Clavicle Surgery + Closed reduction and internal fixation with K wire	FP01100147	3	19,000
1015	Fracture - Radius Internal Fixation + Fracture - Ulna Internal Fixation	FP01100148	3	16,500
1016	Head radius - Excision + Fracture - Ulna Internal Fixation	FP01100149	3	18,000
1017	Clavicle Surgery + Closed Interlocking Intramedullary	FP01100150	3	18900
1018	Close Fixation - Hand Bones +Closed Reduction and Internal Fixation	FP01100151	3	13,300
1019	Close Fixation - Hand Bones +Closed Reduction and Internal Fixation with K wires	FP01100152	3	18,900
1020	Closed Interlocking Intramedullary +Closed reduction and internal fixation with K wire	FP01100153	3	16,800
1021	External fixation - Long bone +Fracture - Fibula Internal Fixation	FP01100154	5	19,600
1022	Accessory bone – Excision + Fracture - Humerus Internal Fixation	FP01100155	3	19,600
1023	Acromion reconstruction +Fracture - Humerus Internal Fixation	FP01100156	7	23,100
1024	Fracture - Humerus Internal Fixation + Fracture - Olecranon of Ulna	FP01100157	5	15,750
1025	Fracture - Fibula Internal Fixation + Fracture - TIBIA Internal Fixation	FP01100158	7	17,850
1026	Fracture - Radius Internal Fixation + Fracture - Ulna Internal Fixation	FP01100159	7	13,300
1027	Head radius – Excision + Fracture - Ulna Internal Fixation	FP01100160	5	17,150
1028	Amputation - Arm+ Amputation - Digits	FP01100161	5	19,500
1029	Fistulectomy + Sequestrectomy	FP01100162	5	14,500
1030	Skin Grafting + Sequestrectomy of Long Bones	FP01100163	7	18,500
1031	Acromion reconstruction +Percutaneous - Fixation of Fracture	FP01100164	7	21,000
1032	Amputation - Forearm +Open Reduction Internal Fixation (Large Bone)	FP01100165	7	18,200

No.	Procedure	RSBY package code updates	Average length of stay (ALOS)	Proposed rates
1033	Arthorotomy + Open Reduction Internal Fixation (Large Bone)	FP01100166	7	19,500
1034	Closed reduction and internal fixation with K wire + Open Reduction Internal Fixation (Large Bone)	FP01100167	7	19,600
1035	Acromion reconstruction +Open Reduction with Phemister Grafting	FP01100168	7	21,000
1036	Open Reduction Internal Fixation (Large Bone) +Open Reduction with Phemister Grafting	FP01100169	7	18,500
1037	Open Reduction Internal Fixation (Large Bone) +Osteotomy -long bone	FP01100170	7	14,500
1038	Open Reduction Internal Fixation (Large Bone) + Hip Region Surgery	FP01100171	10	24,500
1039	Accessory bone – Excision + Exostosis - Femur - Excision	FP01100172	7	18,900
1040	Debridement & closure - Major+ skin grafting	FP01100173	7	10,150
1041	Tendon Grafting + skin grafting	FP01100174	7	18,500
1042	Debridement & closure – Major + Open Reduction Internal Fixation (Large Bone)	FP01100175	7	15,500
1043	Closed Interlocking Intramedullary + Debridement & closure - Major	FP01100176	7	11,900
1044	Above elbow post-slab for Soft Tissue injury	FP01100177	D	550
1045	Below knee post-slab for Soft tissue injury	FP01100178	D	750
1046	Colles fracture Ant. or post, slab	FP01100179	D	750
1047	Colles fracture Below elbow	FP01100180	d	950
1048	Colles fracture Full plaster	FP01100181	d	1,500
1049	Double hip spiky	FP01100182	d	1,700
1050	Fingers (post, slab)	FP01100183	d	250
1051	Fingers full plaster	FP01100184	d	300
1052	Minerva Jacket	FP01100185		1,500
1053	Plaster Jacket	FP01100186	d	1,500
1054	Shoulder Spica	FP01100187	d	1,500
1055	Single hip Spica	FP01100188	d	1,500
1056	Strapping Ankle	FP01100189	d	300
1057	Strapping Ball bandage	FP01100190	d	450
1058	Strapping Chest	FP01100191	d	450
1059	Strapping Collar and cuff sling	FP01100192	d	300
1060	Strapping Elbow	FP01100193	d	300
1061	Strapping Figure of 8 bandage	FP01100194	d	450
1062	Strapping Finger	FP01100195	d	200
1063	Strapping Knee	FP01100196	d	350
1064	Strapping Nasal bone fracture	FP01100197	d	400
1065	Strapping Shoulder	FP01100198	d	250
1066	Strapping Toes	FP01100199	d	150
1067	Strapping Wrist	FP01100200	d	300
1068	Tube Plaster (or plaster cylinder)	FP01100201	d	1050
1069 $	Correction of club foot $	FP01100202	5 visits	10000
12. Paediatrics				
1070	Abdominal Peritoneal (Exomphalos)	FP01200001	5	13,000
1071	Anal Dilatation	FP01200002	3	5000
1072	Anal Transposition for Ectopic Anus	FP01200003	7	17000
1073	Chordee Correction	FP01200004	5	10000
1074	Closure Colostomy	FP01200005	7	12500
1075	Colectomy	FP01200006	5	12000
1076	Colon Transplant	FP01200007	3	18000
1077	Cystolithotomy	FP01200008	3	7500

No.	Procedure	RSBY package code updates	Average length of stay (ALOS)	Proposed rates
1078	Oesophageal Atresia (Fistula)	FP01200009	3	18000
1079	Gastrostomy	FP01200010	5	15000
1080	Hernia - Diaphragmatic	FP01200011	3	10000
1081	Hernia-Inguinal - Bilateral	FP01200014	3	10000
1082	Hernia-Inguinal -Unilateral	FP01200015	3	7000
1083	Meckel's Diverticulectomy	FP01200016	3	12250
1084	Meniscectomy	FP01200017	3	6000
1085	Orchidopexy - Bilateral	FP01200019	2	7500
1086	Orchidopexy - Unilateral)	FP01200020	2	5000
1087	Pyeloplasty	FP01200022	5	15000
1088	Pyloric Stenosis (Ramsted OP)	FP01200023	3	10000
1089	Rectal Polyp	FP01200024	2	3750
1090	Resection & Anastamosis of Intestine	FP01200025	7	17000
1091	Supra Pubic Drainage - Open	FP01200026	2	4000
1092	Torsion Testis	FP01200027	5	10000
1093	Tracheo Oesophageal Fistula	FP01200028	5	18750
1094	Ureterotomy	FP01200029	5	10000
1095	Urethroplasty	FP01200030	5	15000
1096	Vesicostomy	FP01200031	5	12000
1097 #	neonatal jaundice #	FP01200012	5	9500
1098 #	Basic Package for Neo Natal Care (Package for Babies admitted for short term care for conditions like: Transient tachypnoea of new born, Mild birth asphyxia, Jaundice requiring phototherapy, Haemorrhagic disease of new-born, Large for date babies (>4000 gm) for observational care)#	FP01200013	<3	3,000
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)#	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)#	FP01200021	>8	12,000
13. Endocrine				
1101	Adenoma Parathyroid - Excision	FP01300001	3	28000
1102	Adrenal Gland Tumour - Excision	FP01300002	5	35000
1103	Axillary lymph node - Excision	FP01300003	3	21000
1104	Parotid Tumour - Excision	FP01300004	3	9000
1105	Pancreatectomy	FP01300005	7	55000
1106	Splenectomy	FP01300006	5	13000
1107	Thyroid Adenoma Resection Enucleation	FP01300007	5	22000
1108	Total Thyroidectomy + Reconstruction	FP01300008	5	15000
1109	Trendal Burge Ligation and Stripping	FP01300009	3	9000
1110	Post Fossa	FP01300010	D	12000
1111	Excision of Lingual Thyroid	FP01300011		18500
14. Urology				
1112	Bladder Calculi- Removal	FP01400001	2	7000
1113	Bladder Tumour (Fulgration)	FP01400002	2	2000
1114	Correction of Extrophy of Bladder	FP01400003	2	1500
1115	Cystolithotomy	FP01400004	2	6000
1116	Cysto Gastrostomy	FP01400005	4	10000
1117	Cysto Jejunostomy	FP01400006	4	10000

No.	Procedure	RSBY package code updates	Average length of stay (ALOS)	Proposed rates
1118	Dormia Extraction of Calculus	FP01400007	1	5000
1119	Drainage of Perinephric Abscess	FP01400008	1	7500
1120	Cystolithopexy	FP01400009	2	7500
1121	Excision of Urethral Carbuncle	FP01400010	1	5000
1122	Exploration of Epididymis (Unsuccessful Vasco vasectomy)	FP01400011	2	7500
1123	Urachal Cyst	FP01400012	1	4000
1124	Hydrospadius	FP01400013	2	10800
1125	Internal Ureterotomy	FP01400014	3	7000
1126	Litholaplexy	FP01400015	2	7500
1127	Lithotripsy	FP01400016	2	11000
1128	Meatoplasty	FP01400017	1	2500
1129	Meatotomy	FP01400018	1	1500
1130	Neoblastoma	FP01400019	3	10000
1131	Nephrectomy	FP01400020	4	10000
1132	Nephrectomy (Renal tumour)	FP01400021	4	10000
1133	Nephro Uretrectomy	FP01400022	4	10000
1134	Nephrolithotomy	FP01400023	3	15000
1135	Nephropexy	FP01400024	2	9000
1136	Nephrostomy	FP01400025	2	10500
1137	Nephrourethrectomy	FP01400026	3	11000
1138	Open Resection of Bladder Neck	FP01400027	2	7500
1139	Operation for Cyst of Kidney	FP01400028	3	9625
1140	Operation for Double Ureter	FP01400029	3	15750
1141	Fturp	FP01400030	3	12250
1142	Operation for Injury of Bladder	FP01400031	3	12250
1143	Partial Cystectomy	FP01400032	3	16500
1144	Partial Nephrectomy	FP01400033	3	10000
1145	PCNL (Percutaneous Nephrolithotomy) - Bilateral	FP01400034	3	18000
1146	PCNL (Percutaneous Nephrolithotomy) - Unilateral	FP01400035	3	14000
1147	Post Urethral Valve	FP01400036	1	9000
1148	Pyelolithotomy	FP01400037	3	13500
1149	Pyeloplasty & Similar Procedures	FP01400038	3	12500
1150	Radical Nephrectomy	FP01400039	3	13000
1151	Reduction of Paraphimosis	FP01400040	D	1500
1152	Re-implantation of Urethra	FP01400041	5	17000
1153	Re-implantation of Bladder	FP01400042	5	17000
1154	Re-implantation of Ureter	FP01400043	5	17000
1155	Repair of Uretero Vaginal Fistula	FP01400044	2	12000
1156	Retroperitoneal Fibrosis - Renal	FP01400046	5	26250
1157	Retro pubic Prostatectomy	FP01400047	4	15000
1158	Splenorenal Anastomosis	FP01400048	5	13000
1159	Stricture Urethra	FP01400049	1	7500
1160	Suprapubic Cystostomy - Open	FP01400050	2	3500
1161	Suprapubic Drainage - Closed	FP01400051	2	3500
1162	Trans Vesical Prostatectomy	FP01400053	2	15750
1163	Transurethral Fulguration	FP01400054	2	4000
1164	TURBT (Transurethral Resection of the Bladder Tumor)	FP01400055	3	15000
1165	TURP + Circumcision	FP01400056	3	15000
1166	TURP + Closure of Urinary Fistula	FP01400057	3	13000
1167	TURP + Cystolithopexy	FP01400058	3	18000
1168	TURP + Cystolithotomy	FP01400059	3	18000
1169	TURP + Fistulectomy	FP01400060	3	15000
1170	TURP + Cystoscopic Removal of Stone	FP01400061	3	12000
1171	TURP + Nephrectomy	FP01400062	3	25000
1172	TURP + Orchidectomy	FP01400063	3	18000

No.	Procedure	RSBY package code updates	Average length of stay (ALOS)	Proposed rates
1173	TURP + Suprapubic Cystolithotomy	FP01400064	3	15000
1174	TURP + TURBT	FP01400065	3	15000
1175	TURP + URS	FP01400066	3	14000
1176	TURP + Vesicolithotripsy	FP01400067	3	15000
1177	TURP + VIU (visual internal Ureterotomy)	FP01400068	3	12000
1178	TURP + Haemorrhoidectomy	FP01400069	3	15000
1179	TURP + Hydrocele	FP01400070	3	18000
1180	TURP + Hernioplasty	FP01400071	3	15000
1181	TURP with Repair of Urethra	FP01400072	3	12000
1182	TURP + Herniorraphy	FP01400073	3	17000
1183	TURP (Trans-Urethral Resection of Bladder)Prostate	FP01400074	3	14250
1184	TURP + Fissurectomy	FP01400075	3	15000
1185	TURP + Ureterolithotomy	FP01400076	3	15000
1186	TURP + Urethral dilatation	FP01400077	3	15000
1187	Ureterocolic Anastomosis	FP01400078	3	8000
1188	Ureterolithotomy	FP01400079	3	10000
1189	Ureteroscopic Calculi - Bilateral	FP01400080	2	18000
1190	Ureteroscopic Calculi - Unilateral	FP01400081	2	12000
1191	Ureteroscopy Urethroplasty	FP01400082	3	17000
1192	Ureteroscopy PCNL	FP01400083	3	17000
1193	Ureteroscopic stone Removal And DJ Stenting	FP01400084	3	9000
1194	Urethral Dilatation	FP01400085	1	2250
1195	Urethral Injury	FP01400086	2	10000
1196	Urethral Reconstruction	FP01400087	3	10000
1197	Ureteric Catheterization - Cystoscopy	FP01400088	1	3000
1198	Ureterostomy (Cutanie)	FP01400089	3	10000
1199	URS + Stone Removal	FP01400090	3	9000
1200	URS Extraction of Stone Ureter - Bilateral	FP01400091	3	15000
1201	URS Extraction of Stone Ureter - Unilateral	FP01400092	3	10500
1202	URS with DJ Stenting With ESWL	FP01400093	3	15000
1203	URS with Endolitholopexy	FP01400094	2	9000
1204	URS with Lithotripsy	FP01400095	3	9000
1205	URS with Lithotripsy with DJ Stenting	FP01400096	3	10000
1206	URS+ Cysto + Lithotomy	FP01400097	3	9000
1207	V V F Repair	FP01400098	3	15000
1208	Hypospadias Repair and Orchiopexy	FP01400099	5	16250
1209	Vesicoureteral Reflux - Bilateral	FP01400100	3	13000
1210	Vesicoureteral Reflux – Unilateral	FP01400101	3	8750
1211	Vesicolithotomy	FP01400102	3	7000
1212	VIU (Visual Internal Ureterotomy)	FP01400103	3	7500
1213	VIU + Cystolithopexy	FP01400104	3	12000
1214	VIU + Hydrocelectomy	FP01400105	2	15000
1215	VIU and Meatoplasty	FP01400106	2	9000
1216	VIU for Stricture Urethra	FP01400107	2	7500
1217	VIU with Cystoscopy	FP01400108	2	7500
1218	Y V Plasty of Bladder Neck	FP01400109	5	9500
1219	Operation for ectopic ureter	FP01400111	3	9000
1220	TURP + Cystolithotripsy	FP01400113	3	12000
1221	TURP with removal of the vertical calculi	FP01400114	3	12000
1222	TURP with Vesicolithotomy	FP01400115	3	12000
1223	Ureteroscopic removal of lower ureteric	FP01400116	2	9000
1224	Ureteroscopic removal of ureteric calculi	FP01400117	2	7500
1225	Varicocele	FP01400118	1	3500
1226	VIU + TURP	FP01400119	2	12000
1227	Ureteric Catheterization – Cystoscopy +PCNL (Percutaneous Nephrolithotomy) - Unilateral	FP01400045	2	12500

No.	Procedure	RSBY package code updates	Average length of stay (ALOS)	Proposed rates
1228	Ureteric Catheterization - Cystoscopy+ Pyelolithotomy	FP01400052	2	10500
1229	Bladder Calculi- Removal +Transvesical prostatectomy	FP01400110	2	14500
1230	Stricture Urethra+ TURP (Trans-Urethral Resection of Bladder)Prostate	FP01400112	2	15550
1231	Ureteroscopic Calculi – Unilateral +TURP (Trans-Urethral Resection of Bladder)Prostate	FP01400120	2	18550
1232	Bladder Calculi- Removal+ Stricture Urethra	FP01400121	2	10150
1233	Ureteroscopic Calculi - Unilateral+ Ureteric Catheterization - Cystoscopy	FP01400122	2	11250
1234	Ureteric Catheterization – Cystoscopy + Nephrolithotomy	FP01400123	5	10550
1235	Dilatation of urethra	FP01400124	D	750
1236	AV Shunt for dialysis	FP01400125	3	7500
1237	Haemolysis per sitting	FP01400126	D	3000
15. Oncology				
1238	Adenoma Excision	FP01500001	7	12000
1239	Adrenalectomy – Bilateral	FP01500002	7	22800
1240	Adrenalectomy – Unilateral	FP01500003	7	15000
1241	Carcinoma lip - Wedge excision	FP01500004	5	8400
1242	Chemotherapy - Per sitting	FP01500005	D	1200
1243	Excision Carotid Body tumour	FP01500006	5	15600
1244	Malignant ovarian	FP01500007	5	18000
1245	Operation for Neuroblastoma	FP01500008	5	12000
1246	Partial Subtotal Gastrectomy & Ulcer	FP01500009	7	18000
1247	Radiotherapy - Per sitting	FP01500010	D	1800
16. Other commonly used procedures				
1248	Upto 30% burns first dressing	FP01600001	D	300
1249	Upto 30% burns subsequent dressing	FP01600002	D	200
1250	Dog Bite subject to completion of 5 injections plus dressing	FP01600003	D	2500
1251	Snake bite (poisonous)	FP01600004	5	10500
1252	MRI Head - Without Contrast	FP01600005	D	2500
1253	MRI Head - with Contrast	FP01600006	D	3500
1254	MRI Orbits - without Contrast	FP01600007	D	1700
1255	MRI Orbits - with Contrast	FP01600008	D	5000
1256	MRI Nasopharynx and PNS - Without Contrast	FP01600009	D	2500
1257	MRI Nasopharynx and PNS - with Contrast	FP01600010	D	5000
1258	MRI Neck - Without Contrast	FP01600011	D	2500
1259	MRI Neck - with Contrast	FP01600012	D	5000
1260	MRI Shoulder - Without Contrast	FP01600013	D	2500
1261	MRI Shoulder - with Contrast	FP01600014	D	5000
1262	MRI Shoulder both Joint - Without Contrast	FP01600015	D	2500
1263	MRI Shoulder both Joint - with Contrast	FP01600016	D	5000
1264	MRI Wrist Single Joint - Without Contrast	FP01600017	D	2500
1265	MRI Wrist Single Joint - with Contrast	FP01600018	D	5000
1266	MRI Wrist both Joint - Without Contrast	FP01600019	D	1000
1267	MRI Wrist both Joint - with Contrast	FP01600020	D	5000
1268	MRI Knee Single Joint - Without Contrast	FP01600021	D	2500
1269	MRI Knee Single Joint - with Contrast	FP01600022	D	5000
1270	MRI Knee both Joint - Without Contrast	FP01600023	D	2500
1271	MRI Knee both Joint - with Contrast	FP01600024	D	5000
1272	MRI Ankle Single - Without Contrast	FP01600025	D	2500
1273	MRI Ankle Single - with Contrast	FP01600026	D	5000
1274	MRI Ankle Both - Without Contrast	FP01600027	D	2500
1275	MRI Ankle Both - with Contrast	FP01600028	D	5000
1276	MRI Hip - Without Contrast	FP01600029	D	2500

No.	Procedure	RSBY package code updates	Average length of stay (ALOS)	Proposed rates
1277	MRI Hip - with Contrast	FP01600030	D	5000
1278	MRI Pelvis - Without Contrast	FP01600031	D	2500
1279	MRI Pelvis - with Contrast	FP01600032	D	5000
1280	MRI Extremities - Without Contrast	FP01600033	D	2500
1281	MRI Extremities - with Contrast	FP01600034	D	5000
1282	MRI Temporomandibular Single Joint - Without Contrast	FP01600035	D	2500
1283	MRI Temporomandibular Single Joint - with Contrast	FP01600036	D	5000
1284	MRI Temporomandibular Double Joints - Without Contrast	FP01600037	D	2500
1285	MRI Temporomandibular Double Joints - with contrast	FP01600038	D	5000
1286	MRI Abdomen - Without Contrast	FP01600039	D	2500
1287	MRI Abdomen - with Contrast	FP01600040	D	5000
1288	MRI Breast - Without Contrast	FP01600041	D	2500
1289	MRI Breast - with Contrast	FP01600042	D	5000
1290	MRI Spine Screening - Without Contrast	FP01600043	D	1000
1291	MRI Spine Screening - with Contrast	FP01600044	D	4000
1292	MRI Chest - Without Contrast	FP01600045	D	2500
1293	MRI Chest - with Contrast	FP01600046	D	5000
1294	MRI Cervical Spine - Without Contrast	FP01600047	D	1000
1295	MRI Cervical Spine - with Contrast	FP01600048	D	5000
1296	MRI Lumber Spine - Without Contrast	FP01600049	D	2500
1297	MRI Lumber Spine - with Contrast	FP01600050	D	5000
1298	MRI Screening - Without Contrast	FP01600051	D	1000
1299	MRI Screening - with Contrast	FP01600052	D	4000
1300	MRI Angiography - Without Contrast	FP01600053	D	1200
1301	MRI Angiography - with Contrast	FP01600054	D	5000
1302	Mammography (Single side)	FP01600055	D	450
1303	Mammography (Both sides)	FP01600056	D	540
1304	Pulmonary function test	FP01600057	D	430
1305	Fibroptic Bronchoscopy with Washing/Biopsy	FP01600058	D	1830
1306	Uroflow Study (Micturometry)	FP01600059	D	330
1307	Urodynamic Study (Cystometry)	FP01600060	D	400
1308	Cystoscopy with Retrograde Catheter -Unilateral	FP01600061	D	2620
1309	Cystoscopy with Retrograde Catheter - Bilateral	FP01600062	D	3300
1310	Cystoscopy Diagnostic	FP01600063	D	1570
1311	Cystoscopy with Bladder Biopsy	FP01600064	D	2000
1312	Cat Scan (C.T.) Head/ Brain - Without Contrast	FP01600065	D	900
1313	Cat Scan (C.T.) Head / Brain - with Contrast	FP01600066	D	1400
1314	C.T. Head Scan involving special Investigation - Without Contrast	FP01600067	D	1400
1315	C.T. Head involving special. Investigation -with Contrast	FP01600068	D	1900
1316	C.T. Chest (HRCT) - Without Contrast	FP01600069	D	1700
1317	C.T. Chest (HRCT) - with Contrast	FP01600070	D	2140
1318	C.T. Spine (Cervical, Dorsal, Lumbar, Sacral) -Without Contrast	FP01600071	D	1440
1319	C.T. Spine (Cervical, Dorsal, Lumbar, Sacral) - with Contrast	FP01600072	D	2300
1320	C.T. Cervical C.T. 3D Reconstruction only	FP01600073	D	2945
1321	C.T. Guided Biopsy	FP01600074	D	1000
1322	C.T. Guided percutaneous catheter drainage	FP01600075	D	1200
1323	C.T. Myelogram (Cervical Spine) - Without Contrast	FP01600076	D	1800
1324	C.T. Myelogram (Cervical Spine) - with Contrast	FP01600077	D	2558
1325	C.T. Myelogram (Lumbar Spine or D/S) - Without Contrast	FP01600078	D	2000
1326	C.T. Myelogram (Lumbar Spine or D/S)- with Contrast	FP01600079	D	2558

No.	Procedure	RSBY package code updates	Average length of stay (ALOS)	Proposed rates
1327	C.T. Scan Chest - Without Contrast	FP01600080	D	1400
1328	C.T. Scan Chest - with Contrast	FP01600081	D	2325
1329	C.T. Scan Upper Abdomen - Without Contrast	FP01600082	D	1300
1330	C.T. Scan Upper Abdomen - with Contrast	FP01600083	D	2092
1331	C.T. Scan Lower Abdomen - Without Contrast	FP01600084	D	1680
1332	C.T. Scan Lower Abdomen - with Contrast	FP01600085	D	2092
1333	C.T. Scan Whole Abdomen - Without Contrast	FP01600086	D	2092
1334	C.T. Scan Whole Abdomen - with Contrast	FP01600087	D	3400
1335	C.T. Scan Neck (Thyroid Soft Tissue) - Without Contrast	FP01600088	D	1560
1336	C.T. Scan Neck (Thyroid Soft Tissue) - with Contrast	FP01600089	D	1940
1337	C.T. Scan Orbits - Without Contrast	FP01600090	D	1200
1338	C.T. Scan Orbits - with contract	FP01600091	D	1750
1339	C.T. Scan Limbs - Without Contrast	FP01600092	D	1700
1340	C.T. Scan Limbs - with Contrast	FP01600093	D	2300
1341	C.T. Scan Whole Body - Without Contrast	FP01600094	D	6700
1342	C.T. Scan Whole Body - with Contrast	FP01600095	D	9000
1343	C.T. Scan of Para Nasal Sinus - Without Contrast	FP01600096	D	1520
1344	C.T. Scan of Para Nasal Sinus - with Contrast	FP01600097	D	1860
1345	Whole Blood per unit	FP01600098	D	1200
1346	Platelets per unit	FP01600099	D	750
1347	Plasma per unit	FP01600100	D	750
1348	Packed cells per unit	FP01600101	D	1500
17. Medical procedures				
1349	General Ward :Unspecified	FP01700001	n	750
	Description of ailment to be written.			
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, bed side oxygen facility.	FP01700002	n	1500
18. Medical conditions				
1351	Accidental organophosphorus poisoning	FP01800001	n	
1352	Acid peptic disease	FP01800002	1	
1353	Acute and sub-acute endocarditis	FP01800003	10	
1354	Acute asthma attack	FP01800004	3	
1355	Acute colitis	FP01800005	3	
1356	Acute diarrhoea with severe dehydration (grade 2 and above)	FP01800006	2	
1357	Acute diarrhoea with moderate dehydration	FP01800007	1	
1358	Acute Exarcebation of COPD	FP01800008	6	
1359	Acute hepatitis A	FP01800009	10	
1360	Acute hepatitis B	FP01800010	10	
1361	Acute hepatitis B	FP01800011	10	
1362	Acute Hytension - medical management	FP01800012	3	
1363	Acute meningitis - fungal	FP01800013	7	
1364	Acute meningitis - pyogenic	FP01800014	7	
1365	Acute Myocardial infarction (conservative management)	FP01800015	7	
1366	Acute otitis media	FP01800016	2	
1367	Acute Pancreatitis	FP01800017	7	
1368	Acute Pneumonia-/ consolidation Bacterial	FP01800018	5	
1369	Acute renal colitis	FP01800019	3	
1370	Acute renal failure	FP01800020	10	
1371	Acute renal failure (plus dialysis)	FP01800021	7	
1372	acute respiratory failure (including ventilator)	FP01800022	7	
1373	Acute tubulo-interstitial nephritis	FP01800023	7	
1374	Acute urinary infection	FP01800024	3	
1375	Acute virall hepatitis (hepatitis A)	FP01800025	7	

No.	Procedure	RSBY package code updates	Average length of stay (ALOS)	Proposed rates
1376	Amoebiasis	FP01800026	3	
1377	Amoebic abscess - liver	FP01800027	5	
1378	Anemia – Severe Hb less than 6 gm/dl (plus blood transfusion units)	FP01800028	5	
1379	Aneurysm - resection and grafting	FP01800029	7	
1380	Angioplasty	FP01800030	5	
1381	ASD / VSD repair	FP01800031	7	
1382	Asthma Acute Status	FP01800032	5	
1383	Bacterial pneumonia, not elsewhere classified	FP01800033	7	
1384	Bronchiectasis	FP01800034	7	
1385	Bronchitis, not specified as acute or chronic	FP01800035	7	
1386	CABG	FP01800036	10	
1387	Caudal Block Therapeutic (Cervical)	FP01800037	D	
1388	Caudal Block Therapeutic (Lumbar)	FP01800038	D	
1389	Cerebral infarction	FP01800039	10	
1390	Chicken pox- complicated	FP01800040	3	
1391	Chronic otitis media	FP01800041	5	
1392	Chronic pancreatitis	FP01800042	5	
1393	Chronic viral hepatitis	FP01800043	10	
1394	Closed valvotomy	FP01800044	10	
1395	Congetive cardiac failure	FP01800045	5	
1396	Conjunctivitis (bacterial)	FP01800046	3	
1397	Control of diabetic ketoacidosis	FP01800047	3	
1398	Control of Hypertension	FP01800048	5	
1399	COPD+ Respiratory Failure	FP01800049	7	
1400	Dengue fever	FP01800050	3	
1401	Dengue fever [classical dengue	FP01800051	7	
1402	Dengue haemorrhagic fever	FP01800052	10	
1403	Dengue h'agic fever (plus packed cell transfusion)	FP01800053	5	
1404	Diarrhoea and gastroenteritis of presumed infectious origin	FP01800054	3	
1405	Diphtheria	FP01800055	7	
1406	Dysentery - bacterial	FP01800056	4	
1407	Dysfunctional uterine bleeding	FP01800057	7	
1408	Emphysema Acute Exacerbation	FP01800058	3	
1409	Endocarditis	FP01800059	5	
1410	Enteric fever	FP01800060	5	
1411	Epiduro-fluroscopy Adhesiolysis (3 days stay)	FP01800061	3	
1412	Essential (primary) hypertension	FP01800062	3	
1413	Filariasis	FP01800063	2	
1414	Food poisoning	FP01800064	3	
1415	Gestational [pregnancy-induced] hypertension with significant proteinuria	FP01800065	7	
1416	Gestational [pregnancy-induced] hypertension without significant proteinuria	FP01800066	3	
1417	Heat stroke	FP01800067	3	
1418	Hemiplegia / quadriplegia	FP01800068	15	
1419	Colitis	FP01800069	2	
1420	Hepatitis B	FP01800070	5	
1421	Herpes Simplex	FP01800071	7	
1422	Hyper Osmolar Non Ketotic Coma	FP01800072	4	
1423	Insulin-dependent diabetes mellitus-Acute episode	FP01800073	3	
1424	Interstial lung diseases	FP01800074	4	
1425	Intraarticular Ozone Knee package of 5sitting	FP01800075	D	
1426	Intraarticular Steroid knee package of5 sitting	FP01800076	D	
1427	Intracerebral haemorrhage (ICU)	FP01800077	10	

No.	Procedure	RSBY package code updates	Average length of stay (ALOS)	Proposed rates
1428	Leprosy Reaction & Neuritis (T1R & T2R)	FP01800078	10	
1429	Leprosy Ulcer Care With Stay	FP01800079	10	
1430	Leptospirosis	FP01800080	7	
1431	Localised cellulitis	FP01800081	3	
1432	LRTI management	FP01800082	4	
1433	Lung abscess /Empyema	FP01800083	4	
1434	Malaria - complicated	FP01800084	5	
1435	Malaria - uncomplicated	FP01800085	3	
1436	Malaria –cerebral	FP01800086	7	
1437	Malnutrition-related diabetes mellitus	FP01800087	5	
1438	Management of Pneumothorax	FP01800088	5	
1439	Measles - complicated	FP01800089	7	
1440	Measles - uncomplicated	FP01800090	2	
1441	Meningitis	FP01800091	7	
1442	Management of Haemorrhagic Stroke/Strokes	FP01800092	5	
1443	Management of Ischemic Strokes	FP01800093	5	
1444	Multiple fractures	FP01800094	10	
1445	Myalgia	FP01800095	2	
1446	Neonatal jaundice due to other excessive haemolysis	FP01800096	7	
1447	Neonatal jaundice from other and unspecified causes	FP01800097	7	
1448	Nephrotic syndrome	FP01800098	3	
1449	Non-insulin-dependent diabetes mellitus	FP01800099	3	
1450	Orchititis	FP01800100	2	
1451	Organ transplant	FP01800101	10	
1452	Other acute viral hepatitis	FP01800102	10	
1453	Other bacterial foodborne intoxications, not elsewhere classified	FP01800103	2	
1454	Other Coagulation disorders (plus blood transfusion units costs)	FP01800104	2	
1455	Other non-traumatic intracranial haemorrhage	FP01800105	10	
1456	Ozone Therapy + Nerve Block	FP01800106	D	
1457	Ozone Therapy(Intradiscal Paraspinal package include admission one day + 4 follow up procedure)	FP01800107	D	
1458	Pacemaker - permanent	FP01800108		
1459	Pacemaker - temporary	FP01800109		
1460	Peripheral neuritis/ neuropathy	FP01800110	5	
1461	Pertussis	FP01800111		
1462	Plague	FP01800112		
1463	Plasmodium falciparum malaria	FP01800113	5	
1464	Plasmodium malariae malaria	FP01800114	5	
1465	Plasmodium vivax malaria	FP01800115	5	
1466	Pneumonia	FP01800116		
1467	Pneumonia due to Haemophilus influenzae	FP01800117	7	
1468	Pneumonia due to other infectious organisms, not elsewhere classified	FP01800118	5	
1469	Pneumonia due to Streptococcus pneumoniae	FP01800119	7	
1470	Pneumonia in diseases classified elsewhere	FP01800120	5	
1471	Pneumonia, organism unspecified	FP01800121	5	
1472	Pneumothorax	FP01800122	10	
1473	PUO Management (would include fevers - viral/bacterial/fungal/infestation, etc.)	FP01800123	7	
1474	Respiratory tuberculosis, bacteriologically and histologically confirmed	FP01800124	10	
1475	RTA Head Injury Management (conservative)	FP01800125	3	
1476	Scabies	FP01800126		
1477	Schizophrenia	FP01800127		

No.	Procedure	RSBY package code updates	Average length of stay (ALOS)	Proposed rates
1478	Scorpion sting	FP01800128	2	
1479	Septic shock	FP01800129	5	
1480	Septicemia	FP01800130		
1481	Simple and mucopurulent chronic bronchitis	FP01800131	3	
1482	status epilepsy	FP01800132	5	
1483	Staus asthamaticus	FP01800133	6	
1484	Stroke	FP01800134		
1485	Stroke, not specified as haemorrhage or infarction	FP01800135	15	
1486	Subarachnoid haemorrhage (ICU)	FP01800136	7	
1487	Syphilis	FP01800137		
1488	Systenuc Lupus Erythematosis	FP01800138	5	
1489	TB – pulmonary	FP01800139		
1490	TB Meningitis	FP01800140		
1491	Tetanus	FP01800141		
1492	Thrombocytopenia (plus blood unit costs)	FP01800142	3	
1493	Tonsillitis	FP01800143		
1494	Trachoma	FP01800144		
1495	Transforaminal Block	FP01800145	D	
1496	Tubercular meningitis	FP01800146	10	
1497	Typhoid	FP01800147		
1498	Typhoid and paratyphoid fevers	FP01800148	7	
1499	Unspecified chronic bronchitis	FP01800149	3	
1500	Unspecified diabetes mellitus	FP01800150	3	
1501	Unspecified malaria	FP01800151	5	
1502	Unspecified viral hepatitis	FP01800152	10	
1503	Upper GI bleeding (conservative)	FP01800153	3	
1504	Upper GI bleeding (endoscopic treatment)	FP01800154	2	
1505	Urethritis - chlamydial	FP01800155		
1506	Urethritis - gonococcal	FP01800156		
1507	URI	FP01800157		
1508	Valve replacement	FP01800158		
1509	Vasculitis	FP01800159	3	
1510	Viral and other specified intestinal infections	FP01800160	3	
1511	Viral fever	FP01800161		
1512	Viral meningitis	FP01800162	7	
1513	Viral pneumonia, not elsewhere classified	FP01800163	5	
1514	Vitamin A deficiency	FP01800164		
1515	Screening		Rs. 100 per visit up to 10 visits during policy year	
1516	Screening with basic diagnostics		Rs. 150 per visit up to 10 visits during policy year.	

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

APPENDIX – 3 A

Procedure list and their corresponding indicative pricing for the Senior citizen top-up module:

Part – I - General Speciality:		
S. No	**Procedure Name**	**Package rates (in Rs.)**
CARDIOLOGY		
1	PTCA - single stent (medicated, inclusive of diagnostic angiogram)	45,000
2	PTCA - double stent (medicated, inclusive of diagnostic angiogram)	60,000
3	Balloon Mitral Valvotomy	30,000
4	Balloon Pulmonary Valvotomy	30,000
5	Balloon Aortic Valvotomy	30,000
6	Peripheral Angioplasty with single stent (medicated)	45,000
7	Peripheral Angioplasty with double stent (medicated)	60,000
8	Renal Angioplasty with single stent (medicated)	45,000
9	Renal Angioplasty with double stent (medicated)	60,000
10	Vertebral Angioplasty with single stent (medicated)	45,000
11	Vertebral Angioplasty with double stent(medicated)	60,000
12	Temporary Pacemaker implantation	4,500
13	Permanent pacemaker (single chamber) implantation (only VVI) including Pacemaker value/pulse generator replacement	50,000
14	Permanent pacemaker (double chamber) implantation (only VVI) including Pacemaker value/pulse generator replacement	60,000
15	Pericardiocentesis	4,000
16	Medical treatment of Acute MI with Thrombolysis /Stuck Valve Thrombolysis	15,000
17	Coarctoplasty with stenting	45,000
CARDIO THORACIC SURGERY		
18	Coronary artery bypass grafting (CABG)	80,000
19	Coronary artery bypass grafting (CABG) with Intra-aortic balloon pump (IABP)	90,000
20	Coronary artery bypass grafting (CABG) with Aneurysmal repair	90,000
21	Coronary artery bypass grafting (CABG) with Mitral Valve repair	90,000
22	Open Mitral Valvotomy	75,000
23	Closed Mitral Valvotomy	30,000
24	Open Aortic Valvotomy	75,000
25	Open Pulmonary Valvotomy	75,000
26	Aortaplasty with stent (Aorta Repair) for Coarctation	45,000
27	Pericardiectomy	40,000
28	Lung Cyst	50,000
29	Space-Occupying Lesion (SOL) mediastinum	50,000
30	Surgical Correction of Bronchopleural Fistula.	50,000
31	Diaphragmatic Eventeration	40,000
32	Oesophageal Diverticula /Achalasia Cardia	40,000
33	Diaphragmatic Injuries/Repair	40,000
34	Bronchial Repair Surgery for Injuries due to FB	40,000
35	Oesophageal tumour excision and follow up care (open preferred)	60,000
CARDIO VASCULAR SURGERY		
36	Femoropopliteal by pass procedure with graft (exogenous)	45,000
37	Femoropopliteal by pass procedure with graft (endogenous)	30,000
38	Thromboembolectomy	20,000
39	Intrathoracic Aneurysm (without graft)-Aneurysm not Requiring Bypass Techniques	60,000
40	Intrathoracic Aneurysm (with graft) -Requiring Bypass Techniques	60,000
41	Dissecting Aneurysms with Cardiopulmonary bypass (CPB) (inclu. Graft)	60,000
42	Dissecting Aneurysms without Cardiopulmonary bypass (CPB) (incl. graft)	60,000
43	Aorto Bi lliac / Bi femoral /Axillo bi femoral bypass with (single) Synthetic Graft	45,000
44	Aorto Bi lliac / Bi femoral /Axillo bi femoral bypass with (double) Synthetic Graft	60,000
45	Aorto Bi lliac / Bi femoral /Axillo bi femoral bypass with vein Synthetic Graft	30,000
46	Femoro Distal / Femoral - Femoral / Femoral infra popliteal Bypass with (double) synthetic Graft	60,000
47	Femoro Distal / Femoral - Femoral / Femoral infra popliteal Bypass with (single)	45,000

	Synthetic Graft	
48	Femoro Distal / Femoral - Femoral / Femoral infra popliteal Bypass with (vein) Graft	30,000
49	Brachio - Radial Bypass with Synthetic Graft	45,000
50	Excision of Carotid body Tumor with vascular repair	45,000
51	Carotid artery bypass with Synthetic Graft	60,000
52	Deep Vein Thrombosis (DVT) - Inferior Vena Cava (IVC) filter	60,000
53	Carotid endarterectomy	40,000
NEURO SURGERY		
54	Excision of Brain Tumor	50,000
55	Carotid Endarterectomy	40,000
56	Spinal Intra Medullary Tumours	50,000
57	Corpectomy for Spinal Fixation + cost of implant	50,000
58	Corpectomy for Spinal Fixation (without implant)	25,000
POLYTRAUMA & REPAIR		
59	Viseral injury requiring surgical intervention along with fixation of fracture of single long bone.	30,000
60	Viseral injury requiring surgical intervention along with fixation of fracture of 2 or more long bones.	45,000
61	Chest injury with one fracture of long bone	25,000
62	Chest injury with fracture of 2 or more long bones	30,000
63	Arthroscopic Meniscus Repair	60,000
64	Total Knee Replacement	60,000
65	Total Hip Replacement	60,000
BURNS		
66	Up To - 40% With Scalds (Conservative)	30,000
67	Upto - 40% Mixed Burns (With Surgeries)	35,000
68	Upto - 50% With Scalds (Conservative)	45,000
69	Up To - 50% Mixed Burns (With Surgeries)	50,000
70	Between 50% to 60% Burns	70,000
71	More than 60% Burns	90,000
72	Mild Contracture Surgeries For Functional Improvement (including splints, pressure garments And Physiotherapy)	20,000
73	Severe Contracture Surgeries For Functional Improvement (including splints, pressure garments And Physiotherapy)	40,000

Part – II - Oncology:			
S.No	**Sub Category**	**Procedures**	**Package rates (in Rs.)**
SURGICAL ONCOLOGY			
74	Breast	Chest Wall Resection	20,000
75	Breast	Lumpectomy Breast	3,000
76	Breast	Breast Reconstruction	25,000
77	Genitourinary	Emasculation	30,000
78	Genitourinary	Partial Penectomy	15,000
79	Genitourinary	Total Penectomy	25,000
80	Limb Salvage Surgery	Internal Hemipelvectomy	50,000
81	Limb Salvage Surgery	Curettage & Bone Cement	25,000
82	Limb Salvage Surgery	Forequarter Amputation	40,000
83	Limb Salvage Surgery	Hemipelvectomy	45,000
84	Limb Salvage Surgery	Sacral Resection	40,000
85	Limb Salvage Surgery	Bone Resection	25,000
86	Limb Salvage Surgery	Shoulder Girdle Resection	40,000
87	Lung	Lung Metastatectomy – Solitary	35,000
88	Urinary Bladder	Total Exenteration	60,000
89	Urinary Bladder	Bilateral Pelvic Lymph Node Dissection(BPLND) for CA Urinary Bladder	45,000
90	Esophagus	Oesophagectomy With Two Field Lymphadenectomy	60,000

91	Esophagus	Oesophagectomy With Three Field Lymphadenectomy	60,000
92	Lung	Lung Metastatectomy – Multiple	60,000
93	Lung	Sleeve Resection Of Lung Cancer	50,000
94	Testis Cancer	Retro Peritoneal Lymph Node Dissection(RPLND) (For Residual Disease)	45,000
95	Testis Cancer	Retro Peritoneal Lymph Node Dissection (RPLND) As Part Of Staging	45,000
96	Urinary Bladder	Anterior Exenteration	40,000
97	Testis Cancer	Urinary Diversion	35,000
98	Limb Salvage Surgery	Limb Salvage Surgery Without Prosthesis	40,000
99	Limb Salvage Surgery	Limb Salvage Surgery With Custom Made Prosthesis	50,000
100	Limb Salvage Surgery	Limb Salvage Surgery With Modular Prosthesis	60,000
101	Ca Git	Whipples Any Type	60,000
102	Ca Git	Triple Bypass	25,000
103	Ca Git	Abdominoperineal Resection	40,000
104	Ca Git	Abdomino Perineal Resection (APR) + Sacrectomy	45,000
105	Ca Rectum	Posterior Exenteration	40,000
106	Ca Rectum	Total Exenteration	60,000
107	Ca Cervix	Supra Levator Exenteration	60,000
108	Head And Neck	Maxillectomy Any Type	40,000
109	Head And Neck	Wide Excision for tumour	30,000
110	Head And Neck	Composite Resection and Reconstruction	60,000
111	Head And Neck	Voice Prosthesis	30,000
112	Head And Neck	Laryngo-pharyngo-esophagectomy	60,000
113	Head And Neck	Laser surgery of Larynx	30,000
114	Bronchoplural Fistula	Surgical Correction Of Bronchoplural Fistula. Myoplasty	35,000
115	Bronchoplural Fistula	Surgical Correction Of Bronchoplural Fistula Trans Plural (BFP closure)	35,000
116	Palliative Surgeries	Tracheostomy	5,000
117	Oral Cavity	Full Thickness Buccal Mucosal Resection & Reconstruction	40,000
118	Ca Parathyroid	Parathyroidectomy	30,000
119	Ca.Eye/ Maxilla /Para Nasal Sinus	Maxillectomy + Orbital Exenteration	40,000
120	Ca.Eye/ Maxilla /Para Nasal Sinus	Maxillectomy + Infratemporal Fossa Clearance	50,000
121	Ca.Soft Palate	Palatectomy Any Type	30,000
122	Ca.Ear	Sleeve Resection	25,000
123	Nasopharynx	Resection Of Nasopharyngeal Tumour	45,000
124	Reconstruction	Micro Vascular Reconstruction	45,000
125	Reconstruction	Myocutaneous / Cutaneous Flap	25,000
126	Palliative Surgeries	Substernal Bypass	40,000
127	Soft Tissue /Bone Tumours	Wide Excision + Reconstruction soft tissue/Bone Tumours	30,000
128	Skin Tumours	Skin Tumours Wide Excision + Reconstruction	25,000
129	Skin Tumours	Skin Tumours Amputation	8,000
130	Lung	Lung Cancer Decortication	30,000
131	Soft Tissue /Bone Tumours	Amputation for soft tissue/Bone Tumours	10,000
132	Lung	Lung Cancer Pnumenectomy	40,000
133	Breast	Wide Excision of Breast for Tumour	3,000
134	Ca Cervix	Posterior Exenteration	40,000
135	Ca Cervix	Total Pelvic Exenteration	60,000
136	Soft Tissue /Bone Tumours. Chest Wall	Chest Wall Resection + Reconstruction	25,000
137	Gynec	Bilateral Pelvic Lymph Node Dissection(BPLND)	20,000
138	Gynec	Radical Trachelectomy	40,000
139	Ca Abdominal Wall	Abdominal Wall Tumour Resection	25,000

	Tumour		
140	Gynec	Radical Vaginectomy	30,000
141	Gynec	Radical Vaginectomy + Reconstruction	35,000
142	General	Iliac lymph node dissection	15,000
143	Head & Neck	Functional Neck dissection	20,000
144	Head & Neck	Supra-Omohyoid Neck dissection	20,000
145	Colon	Anterior resection rectum	40,000
146	Stomach	Total Gastrectomy	30,000
147	Ovarian Cancer	TAH+BSO+Omentectomy	30,000
148	Brain Tumor	Excision of Brain tumor	30,000
149	Brain Tumor	V-P Shunt	15,000
RADIATION ONCOLOGY			
150	Cobalt 60 External Beam Radiotherapy	Palliative Treatment	10,000
151	Cobalt 60 External Beam Radiotherapy	Radical/ Adjuvant Treatment	15,000
152	Brachytherapy Intracavity	Intracavitary HDR per fraction (max 4 session)	4,500
153	Brachytherapy Intracavity	Intracavitary LDR per fraction (max 4 session)	2,500
154	Brachytherapy Interstitial	Interstitial LDR, adjuvant	15,000
155	Brachytherapy Interstitial	Interstitial HDR one application and multiple dose fractions	25,000
156	External Beam Radiotherapy (On Linear Acclerator)	Palliative Treatment With Photons	20,000
157	External Beam Radiotherapy (On Linear Acclerator)	Radical/ Adjuvant Treatment With Photons/Electrons	35,000
158	Specialized Radiation Therapy – 3DCRT (3-D Conformational Radiotherapy)	Linear accelerator teletherapy 3DCRT, Definitive, Adjuvant (inclusive of RT planning - Rs. 15,000)	75,000
159	Specialized Radiation Therapy - IMRT (Intensity Modulated Radiotherapy)	Linear accelerator teletherapy IMRT /VMAT, Definitive, Adjuvant (inclusive of RT planning - Rs. 20,000	90,000
160	Specialized Radiation Therapy - SRS/ SRT	Definitive, Adjuvant, SRS/SRT (guidelines enclosed as Annexure 4)	75,000
161	Specialized Radiation Therapy - IMRT with IGRT	IMRT+IGRT-Up To 40 Fractions In 8 Weeks	90,000
162	Specialized Radiation Therapy Rapid Ax Therapy	Rapid Ax Therapy-Up To 40 Fractions In 8 Weeks	90,000
MEDICAL ONCOLOGY			
163	Lymphoma, Non-Hodgkin's	Cyclophosphamide - Doxorubicin Vincristine - Prednisone (CHOP)- max 8 cycles (Per cycle)	3,500
164	Multiple Myeloma	Vincristine, Adriamycin,Dexamethasone(VAD) -cycle max 6 cycles	4,000
165	Multiple Myeloma	Thalidomide+Dexamethasone(Oral)/ month - max 12 months	3,000
166	Colon Rectum	5-Fluorouracil-Oxaliplatin - Leucovorin (FOLFOX) - Max. 12 cycles (Per cycle)	6,000
167	Bone Tumors/Osteosarcoma	Cisplatin/carboplatin - Adriamycin- max 6 cycles (Per cycle)	3,000
168	Lymphoma, Hodgkin'S	Adriamycin Bleomycin Vinblastin Dacarbazine (ABVD) - max 8 cycles (Per cycle) (Day 1 & Day 15)	3,000
169	Cervix	Cisplatin/Carboplatin (AUC2) along with RT- max 6 cycles (Per cycle)	2,000
170	Childhood B-Cell Lymphomas	Variable Regimen-Lukemia,Lymphoma and Plasmacell (Per cycle) max. 8 cycles.	12,000

171	Neuroblastoma Stage I –III	Variable Regimen – Neuroblastoma - max 1 year (Per cycle)	9,000
172	Multiple Myeloma	Melphalan -Prednisone (oral) – per month (max 12 months) - Ovarian CA, Bone CA	1,500
173	Wilm's Tumor	SIOP/National Wilms Tumour Study Group (NWTS) regimen(Stages I - V)- max 6 months (Per month) - Wilm's tumour	7,000
174	Hepatoblastoma -Operable	Cisplatin/carboplatin - Adriamycin- max 6 cycles (Per cycle)	4,000
175	Colon Rectum	Monthly 5-FU	4,000
176	Breast	Paclitaxel weekly x 12 weeks	4,000
177	Breast	Cyclophosphamide/Methotrexate/5Fluorouracil (CMF) (Per cycle)	1,500
178	Breast	Tamoxifen tabs - maximum 12 cycles (Per month)	100
179	Breast	Adriamycin/Cyclophosphamide (AC) – per cycle (Maximum 4 cycles)	3,000
180	Breast	5- Fluorouracil A-C (FAC) – per cycle (Maximum 6 cycles)	3,100
181	Breast	AC (AC Then T)	3,000
182	Small Cell Lung Cancer	Cisplastin/Etoposide (IIIB) – per cycle (Max. 6 cycles only)	4,000
183	Oncology oesophagus	Cisplatin + 5 FU(Neoadjuvant Chemotherapy)/Adjuvant (ADJ)- per cycle (Max. of 6 cycles only)	3,000
184	Stomach	5-Fu Leucovorin (MCDONALD Regimen)	4,000
185	Breast	Aromatase Inhibitors (Anastazole/Letrozole/Exemestane) - maximum 12 cycles (Per month)	900
186	Urinary Bladder	Weekly Cisplatin/Carboplatin- max 6 cycles with RT (Per week)	2,000
187	Urinary Bladder	Methotraxate Vinblastin Adriamycin Cyclophosphamide (MVAC)	5,000
188	Retinoblastoma	Carbo/Etoposide/Vincristine-max 6 cycles (Per cycle)	4,000
189	Febrile Neutropenia	IV antibiotics and other supportive therapy (Per episode)	9,000
190	Vaginal Cancer	Cisplastin/5-FU	3,000
191	Ovary	Carboplatin/Paclitaxel-max 6 cycles (Per cycle)	6,000
192	Rectal Cancer Stage 2 And 3	Xelox Along With Adjuvant Chemotherapy Of AS-I	4,000
193	Multiple Myeloma	Zoledronic acid - Max 12 cycles (Per month)	2,000
194	Gestational Trophoblast Ds. High Risk	Etoposide-Methotrexate-Actinomycin / Cyclophosphamide -Vincristine (EMA-CO)-max 6 cycles (Per cycle)	3,000
195	Gestational Trophoblast Ds. Low Risk	Actinomycin- max 10 cycles (Per cycle)	1,000
196	Gestational Trophoblast Ds. Low Risk	Weekly Methotrexate (Per week) max. 10 cycles	600
197	Ovary Germ Cell Tumour	Bleomycin-Etoposide-Cisplatin (BEP) - max cycles 4 (Per cycle)	6,000
198	Prostate	Hormonal Therapy - Per month	3,000
199	Testis	Bleomycin-Etoposide-Cisplatin (BEP)- max cycles 4 (Per cycle)	6,000
200	Acute Myeloid Leukemia	Induction Phase, up to	60,000
201	Acute Myeloid Leukemia	Consolidation Phase, up to	40,000
202	Histocytosis	Variable Regimen-Histocyosis-max 1 year (Per month)	8,000
203	Rhabdomyosarcoma	Vincristine-Actinomycin-Cyclophosphamide (VACTC) based chemo - max 1 year (Per month) – Rhabdomyosarcoma	6,000
204	Ewing’s Sarcoma	Variable Regimen Inv - Hematology, Biopsy – Payable	6,000
205	Unlisted Regimen	Palliative CT- Max 6 cycles (Per cycle)	5,000
206	Terminally Ill	Palliative And Supportive Therapy - Per month	2,000

207	Vulval Cancer	Cisplastin/5-FU	3,000
208	Acute Lymphatic Leukemia	Maintenance Phase - Per month	3,000
209	Acute Lymphatic Leukemia	Induction 1st And 2 nd Months - Payable maximum upto	50,000
210	Acute Lymphatic Leukemia	Induction 3rd, 4th, 5th months - Payable maximum upto	20,000
211	Head and Neck	Tab Geftinib/Erlotinib-Max 1 Year (Per month)	3,000

Part – III - Oncology Treatment Plan Approval: **Background Information**		
Name		
Age		
Sex		
Hospital		
Brief Clinical History		
Family history/predisposing conditions		
Previous cancer treatment history (if any specify details)		
Cancer type/location		
Key Investigations: • Baseline CBC/RBS/KFT/LFT/Ca/P/Uric Acid/lipid profile • Tumor markers (if needed) • Viral markers: HbsAg,/Anti-HCV/HIV 1&2 • Cardiac ECHO • CECT Neck / chest / abdomen / pelvis		
Diagnosis		
Tumor type / histology / grade:		
Staging		
Key Investigation (others)	**Date**	**Findings**
Treatment Plan by Multidisciplinary Board		
Surgical Oncology		
Required	**Not Required**	
Done (Specify details- When, Where, Attach discharge summary)		
Procedure		
Code		
Radiation Oncology		
Palliative /Definitive/Adjuvant /Neoadjuvant		
Brachytherapy		
Procedure		
Code		
No. of fractions/ sessions		
Dosage (GRAY)		
Medical Oncology		
Palliative / Definitive/ Adjuvant / Neoadjuvant		
Hormone therapy		
Codes		
Dosage		
Cycles/ Months/ Weeks		
Treatment Schedule (Mention planned schedule with probable dates)		
Radiation Therapy		
Day care/ In patient: General / Semi-Pvt / Pvt		
Chemo Therapy		
Day care/ In patient: General / Semi-Pvt / Pvt		
Tumor Board decision/ remarks:		

Approval authority		
Dept. of Surgical Oncology	**Dept. of Radiation Oncology**	**Dept. of Medical Oncology**
Doctor's Name & Seal	**Doctor's Name & Seal**	**Doctor's Name & Seal**

Part – IV - GUIDELINES REGARDING STEREOTACTIC RADIOSURGERY (SRS):

- Stereotactic radiosurgery (SRS) refers to treatment of any intracranial site consisting of 1 fraction only.
- Stereotactic body radiotherapy (SBRT or SRT) refers to use at any extracranial site or any intracranial site consisting of 2 -5 fractions.

Hospitals should have following infrastructure

A. Treatment machines which are capable of delivering SRS/SRT
   1. Gamma knife
   2. X knife (Linear accelerator based with less than 5mm leaf thickness)
   3. Cyberknife
   4. Tomotherapy
   5. Proton Therapy
B. Associated Treatment planning system
C. Associated Dosimetry systems

Indications and maximum dosages for SRS:

1. Arteriovenous malformation (AVM): 24 Gy
2. Trigeminal neuralgia (TGM): 80 Gy
3. Meningioma: 20 Gy
4. Acoustic neuroma/ Vestibular Shwannoma
5. Pituitary adenoma
6. Craniopharyngeoma
7. Ependymoma
8. Glomus tumor
9. Pineal gland tumor
10. Uveal melanoma
11. Spinal tumors, primary: 8 to 10Gy

In other conditions, a dose of 14 to 18Gy can be used

In general, SRS is not suitable for tumors or lesions 4 cm or larger in diameter or immediately adjacent to eloquent structures such as the optic apparatus and brainstem if a dose of higher than 12 Gy is needed to control the tumor.

Indications for SBRT/SRT

1. Non-small cell lung cancer with following conditions: 60-66 Gy in 3 fractions
   - Single lesion less than or equal to 5 cm; and
   - Lesion is inoperable based on a) tumor location or b) individual is not a surgical candidate because of medical contraindication (for example, limited pulmonary reserve); and
   - Procedure is done for a curative intent (staging- no known distant metastasis (M0); no metastasis to regional lymph nodes (N0)).
2. Spine tumors , primary : 30 Gy in 5 fractions
3. Liver, primary: 30 Gy-45 Gy in 3 fractions
4. Pancreas: 24 -30 Gy in 3 fractions
5. Prostate: 30 Gy-45 Gy in 3 fractions
6. When SRS is not feasible because of the size and location

The doses mentioned for both SRS and SRT should be used as guidelines but they could vary based on the individual volume and doses to adjacent normal structures.

The following details should be provided at the time of claim submission

1. Screenshots of plans - Axial, sagittal and coronal planes
2. Screen shot DVH (Dose volume Histogram)
3. Screen shot of BEW (Beam's Eye View)
4. To provide treatment history through RT chart via record and verification system (R&V). No paper based RT chart with manual entry should be accepted.

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 program.

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 the point of transaction.
- Validation of available insurance cover at the 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 the functionality into a single workstation or have a combination of workstations perform these functions (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 the enrolment site.

Components of enrolment kit - An enrolment kit includes the following:

1. One smart card printer
2. Laptop
3. Two smart card readers
4. One fingerprint scanner
5. Web camera
6. Certified enrolment software and other related software

Specifications for hardware and software requirement at enrolment station

Hardware components	Remarks
Laptop	► This should be capable of supporting all other devices required ► It should be loaded with standard software as per specifications provided by the MoLE **Configuration** Desktop with dual core processor with 2 GHz, 80 GB hard drive, DVD r/w drive, 2 GB RAM, graphics card, minimum of 4 USB ports etc.
Fingerprint Scanner / Reader Module	► Thin optical sensor ► 500 ppi optical fingerprint scanner (22 x 24mm) ► High quality computer based fingerprint capture (enrolment)

Hardware components	Remarks
(1 in number)	► 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)	► 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)	► 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	► Support Color dye sublimation and monochrome thermal transfer ► Edge to edge printing standard ► Integrated ribbon saver for monochrome printing ► Minimum printing resolution of 300 dpi ► Print 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 ► USB connectivity ► Printer with hardware/software protection to disallow unauthorized usage of printer ► Inbuilt encoding unit (ISO7816 and PCSC compliant) to personalize microcontroller chip based contact cards in a single pass ► Smart card printing ribbon as required
Fingerprint scanner	► The fingerprint capture device at enrolment as well as verification will be single finger type ► Compliance with "fingerprint_image_data_standard_ver.1.0" mentioned on www.egovstandards.gov.in. All specifications confirming to "Setting level 31" will be applicable for RSBY related enrolment and verification ► The images should be stored in .png format
Power backup	► UPS of capacity 860VA or higher ► Minimum 8 hours of power backup for specified hardware set

Note: The enrollment stations need to be mobile due to the nature of work 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-CL standards with latest addendum and errata (refer web site http://scosta.gov.in). The Smart Cards to be used must have the valid SCOSTA CL 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 KB** 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 CL**

d. Supply Voltage 3V nominal

e. Communication Protocol T=0 or T=1

f. Data Retention minimum 10 years

g. Write cycles minimum 300,000 numbers

h. Operating Temperature Range –25 to +70 Degree Celsius

i. Quality Assurance: The compliance certificate shall be provided for the quality test undertaken with each lot of supply for the processes involved such as gold plating, chip bonding etc.

j. Chip module shall be sourced from OEM or their authorized distributors/partners

k. Chips will be security certified to common criteria EAL+4 or more

l. Plastic Construction PVC or Composite with ABS with PVC overlay

m. 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 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 also 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 at card reissuance or renewal.
- The authentication is 1:1 i.e. the fingerprint of the member captured live 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 software for Enrollment and Card Issuance will be provided by MoLE. Software for conducting transactions at hospitals and managing any changes to the cards at the District kiosk will also be provide by MoLE. 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 healthcare providers and district kiosks, the cost would 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 healthcare providers 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

Wherever 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 healthcare provider 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 _____ 2014__.

BETWEEN

_____(Hospital) an Hospital 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 heath 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 the State of Nagaland wherein it has agreed to provide the health insurance services to identified Beneficiary families covered under Rashtriya Swasthya Bima Yojana and Senior Citizens Health Insurance Scheme.
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 healthcare 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. **Hospital** shall for all purpose mean a Hospital or other healthcare provider.

B. **Health Services** shall mean all services necessary or required to be rendered by the Hospital 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 Hospital or its employees have access to, in any manner whatsoever.

E. **Smart Card** shall mean Identification Card for BPL beneficiaries issued under Rashtriya Swasthya Bima Yojana by the Insurer as per specifications given by MoLE, Government of India. See **Appendix 4** 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 and SCHIS according to good business practice.
3. The hospital will extend priority admission facilities to the beneficiaries, 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. In such cases where a pre-defined flat rate is not available, the rate shall be pre-approved by the Insurance company for the treatment provided.

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 after discharge from the hospital for the same ailment / surgery.
k. Transportation Charge of INR 100/- (payable to the beneficiary in cash by the Hospital at the time of discharge).
l. Any other expenses related to the treatment of the patient in the hospital.

5. The Hospital shall ensure that under this agreement, medical treatment/facility is 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. In case of SCHIS beneficiaries, the hospitals shall be required to provide the treatment to the senior citizens by adhering the pre-authorisation procedures.
8. The Hospital shall also endeavor to comply with future requirements of the Insurer to facilitate better services to beneficiaries e.g. providing for standardized billing, ICD coding, etc. and if mandatory by statutory requirement both parties agree to review the same.
9. The Hospital agrees to have its bills audited on a case to case basis as and when necessary through the Insurer audit team. This will be done on a pre-agreed date and time and on a regular basis.
10. The Hospital will convey to its medical consultants to keep the beneficiary only for the required number of days of treatment and carry out only the required investigation & treatment for the ailment, for which the beneficiary is admitted. Any other incidental investigation required by the patient on their request needs to be approved separately by the 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 cards issued to them**.** The smart cards 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. Only under SCHIS, the eligibility of the SCHIS beneficiary in terms of coverage and balance available shall also be validated through mandatory pre-authorisation procedure.
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 heath 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. Mandatory Pre-Authorization in case of SCHIS beneficiaries

Beneficiary under SCHIS will be able to get cashless treatment in any of the empanelled hospitals and the hospital shall mandatorily take pre-authorisation from the Insurance Company. The process to be followed by the hospitals is prescribed in Annexure I.

2. 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 will be as prescribed in **Annex I**.
3. Emergency admission
   3.1. 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.
   3.2. 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.
   3.3. The data regarding admission shall be sent electronically to the server of the insurance company
   3.4. If the package selected for the beneficiary is already listed in the package list then no pre-authorization will be needed from the Insurance Company.
   3.5. If the treatment to be provided is not part of the package list then hospital will need to get the pre-authorisation for the treatment from the Insurance Company as given in part 2 of Annexure 1.
   3.6. 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.
   3.7. 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.
   3.8. 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.
   3.9. 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.
   3.10. 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.
   3.11. In case of RSBY beneficiaries, if 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.
   3.12. In case of SCHIS beneficiaries if the sum available is considerably less than the estimated treatment cost, Hospital should first check the balance available under RSBY basic cover. If there is balance available, then the treatment cost shall be adjusted from RSBY basic cover. However, it is found that the balance available under RSBY basic cover is insufficient for the treatment cost, then the 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 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.
4. The Hospitals shall also maintain record of all the pre-authorisation taken for providing treatment to SCHIS and RSBY Beneficiaries.

Article 6:
Payment terms

1. Hospital will submit online claim report along with the discharge summary in accordance with the rates as prescribed in the **Annexure D**.

2. The Insurer will have to take a decision and settle every claim within one month of the claim being raised by the Hospital . In case the insurer decides to reject the claim, the decision will need to be taken within one month of the claim being raised by the Hospital .
3. However if required, Insurer can visit the 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 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 them 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 Government. 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 their 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 duties and the officers will eventually learn the various types of medical benefits offered under the different insurance plans.
6. The Hospital shall display their status of preferred service provider of RSBY at their reception/ admission desks along with the display of 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 (2) persons in the Hospital trained on the use of software and hardware devices for helping RSBY beneficiaries during registration and discharge.

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.

Article 9:
General responsibilities of Insurer

Insurer has a right to avail similar services as contemplated herein from other Hospital (s) 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 agrees 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. 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.

2. 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, documents 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 Hospital .
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; followed with a registered mail

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
_____
_____
_____

Article 16
Miscellaneous

1. This Agreement together with the clauses specified in the tender document floated for selection of Insurance Company and 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 arbitration 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 borne by the loser of the arbitration procedure, as determined by the award of the arbitrator. In case there is no winner of the arbitration proceeding, as determined by the award of the arbitrator, the cost shall be borne by the parties on equal sharing basis.

NON–EXCLUSIVITY

A. Insurer reserves the right to appoint any other Hospital for implementing the packages envisaged herein and the Hospital 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 COMPANY LIMITED, the within named _____, by the hand of _____ it's Authorised Signatory

In the presence of:

Annex I
Hospital Services- Admission Procedure

A. Specifically for SCHIS Beneficiaries

Treatment at Hospitals and Claim Process: Beneficiary under SCHIS will be able to get cashless treatment in any of the empanelled hospitals. The process of taking treatment and raising of claims will be as follows:

a. The identity of the beneficiary and/ or his/her family member will be 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 used for verification).

b. If the member who needs treatment is a senior citizen, i.e. aged 60 years or above, the Hospital shall mandatorily take pre-authorisation from the Insurance Company.

   i. Whether that beneficiary is also covered under SCHIS.

   ii. Whether there is balance left in the SCHIS cover to provide the particular treatment

   iii. If the treatment to be provided is part of the "package list for senior citizens" then a pre-authorisation form will also need to be sent electronically by the hospital.

   iv. If the treatment to be provided is part of the basic "package list of RSBY" then no approval is required for providing that particular treatment

c. Pre-authorisation will need to be provided within 12 hours by the Insurance Company. If no response is received by the hospital from the insurance company within 12 hours then the pre-authorisation will deemed to be given automatically.

d. The pre-authorisation code as provided by the insurance company will need to be entered by the hospital in the software

e. After discharge of the patient claims data will need to be sent to the Insurance Company by the hospital electronically.

f. Insurance Company will need to settle the claims within 30 days of receipt of the claims from the hospitals.

g. In case of Emergency, the pre-authorisation process will be followed only after the patient is admitted and stabilized.

B. Specifically for RSBY Beneficiaries

1. Case 1: Package covered and sufficient funds available

1.1. Beneficiary approaches the RSBY helpdesk at the empanelled healthcare provider.

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.
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 healthcare provider after the amount is blocked, the RSBY helpdesk would need to unblock the amount.

2. Case 2: Package(s) not covered under the scheme

2.1. Hospital shall take Authorization from Insurance Company in case the package is 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 advice 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 healthcare provider/consultant attached to the healthcare provider 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 healthcare provider 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. Healthcare Provider 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 transaction software which will verify the authenticity of the authorization ID.
2.7. Steps 1.9 to 1.14

3. **Case 3: Insufficient funds:**

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

3.1. Steps from 1.1 to 1.7
3.2. In case of RSBY beneficiaries, if 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.
3.3. In case of SCHIS beneficiaries if the sum available is considerably less than the estimated treatment cost, Hospital should first check the balance available under RSBY basic cover. If there is balance available, then the treatment cost shall be adjusted from RSBY basic cover. However, it is found that

the balance available under RSBY basic cover is insufficient for the treatment cost, then the 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.

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

3.5. 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 empaneled 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. 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. The Hospital, District Authority and SNA should be informed without fail of the decision of suspension of

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-empaneled 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-empaneled 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-empaneled the hospital, may be advised to notify the 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 Redressaal 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-empaneled 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 for de-empanelment of Healthcare Providers

Background

This process note provides broad operational guidelines regarding de-empanelment of hospitals. The process to be followed and roles of different stakeholders have been outlined.

Step 1 – Putting the Healthcare Provider on "Watch-list"

1. Based on the claims data analysis and/ or visits, if there is any doubt on the performance of the healthcare provider, the Insurance Company or its representative can put that healthcare provider on watch list.
2. The data of such healthcare provider shall be analyzed very closely on a daily basis by the Insurance Company or its representatives for patterns, trends and anomalies.
3. The Insurance Company will inform the State Nodal Agency within 24 hours of putting the healthcare provider on watch-list.

Step 2 – Suspension of the Healthcare Provider

4. A healthcare provider can be temporarily suspended in the following cases:
   a. For healthcare providers which are on "Watch-list", if the Insurance Company observes continuous patterns or strong evidence of irregularity based on either claims data or field visits, the healthcare provider shall be suspended from providing services to RSBY patients and a formal investigation shall be instituted.
   b. If a healthcare provider is not on "Watch-list", but the insurance company observes at any stage that it has data/ evidence that suggests that they are 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 healthcare provider from providing services to RSBY patients and a formal investigation shall be instituted.
   c. A directive is given by the State Nodal Agency based on the complaints received directly or the data analysis/ field visits done by State Nodal Agency.

5. The Healthcare Provider, District Authority and SNA should be informed without fail of the decision to suspend the healthcare provider within 6 hours of this action. At least 24 hours intimation must be given to the healthcare provider prior to the suspension so that admitted patients may be discharged and no fresh admission can be done.
6. For informing the beneficiaries, within 24 hours of suspension, an advertisement in the local newspaper 'mentioning about temporary stoppage of RSBY services' must be given by the Insurer. The newspaper and the content of the message will be jointly decided by the Insurer and the District Authority.
7. To ensure that suspension of the healthcare provider results in their not being able to treat RSBY patients, a provision shall be made in the software so that the healthcare provider cannot send electronic claims data to the Insurance Company or their representatives.
8. A formal letter shall be send to the healthcare provider regarding its suspension and 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 healthcare provider in the following conditions:
   a. For the healthcare providers 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 healthcare providers, examination of case papers, talking with the beneficiaries (if needed), examination of healthcare provider records, etc.
11. If the investigation reveals that the report/ complaint/ allegation against the healthcare provider is not substantiated, the Insurance Company would immediately revoke the suspension (in case it is suspended) and inform the same to the healthcare provider, district and the SNA.
    a. A letter regarding revocation of suspension shall be sent to the healthcare provider within 24 hours of that decision.
    b. Process to receive claims from the healthcare provider shall be restarted within 24 hours.
12. For informing the beneficiaries, within 24 hours 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 healthcare provider is correct, the following procedure shall be followed:
    a. The healthcare provider 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 healthcare provider
        ii. De-empanelment of the healthcare provider.
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 healthcare provider has been de-empanelled from RSBY, following steps shall be taken:
    a. A letter shall be sent to the healthcare provider regarding this decision with a copy to the State Nodal Agency
    b. MHC card of the healthcare provider shall be taken by the Insurance Company and given to the District Key Manager
    c. Details of de-empanelled healthcare provider 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 healthcare provider 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 healthcare provider, may be advised to notify the same in the local media, informing all beneficiaries about the de-empanelment, so that the beneficiaries do not utilize the services of that particular healthcare provider.
    g. If the healthcare provider 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 Healthcare Provider

16. The healthcare provider 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 healthcare provider 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 Insurance Company does not want to continue with a particular healthcare provider in a district, it can de-empanel that particular healthcare provider after getting prior approval from the State Nodal Agency and the District Committee. However, it should be allowed only in case adequate numbers of healthcare providers are available in the blocks/district for the beneficiaries.

Appendix 7 – Format for Submitting List of Empanelled Healthcare Providers

LIST OF EMPANELLED HEALTH FACILITIES FOR RSBY IN STATE OF _____

District	Block	Name of Health Facility	Address with phone no.	Name of In-charge	No. of Beds in the Hospital	Own Pharmacy (Yes/ No)	Own Diagnostic test lab (Yes/ No)	Services Offered (Specialty)	GIS Code
1	2	3	4	5	6	7	8	9	10

(List should be District-wise alphabetically)

SIGNATURE

Appendix 8 – Parameters for annual review of performance of Insurer

Criteria	Maximum points	Points criteria
1. Enrolment Conversion ratio	20	10% below country average => 8 Between 5-10 % below country average => 10 Less than 5% below country average => 16 Between 5-10% more than country average => 18 More than 10% of country average => 20
2. Average family size	15	2.0-2.5 -> 9 2.5-3.0 => 10 3.0-3.5 => 11 3.5-4.0 => 13 More than 4.0 => 15
3. Pure Claim ratio 4. Pure claim ratio = (Claims paid + card and issuance cost)/Premium Received	15	40-50% => 8 50-60% => 9 60-70% => 10 70-80% => 11 80-90% => 13 More than 90% => 15
5. Claim Payment within 30 days	10	More than 80% => 6 80-90% => 7 90%-100% => 8 100% => 10
6. Hospital empanelment (spread)	10	1 per block => 4 1.5 per block => 6 1.75 per block => 8 2 per block => 9 More than 2 per block => 10
7. Hospital empanelment (number)	10	1 hospital every 10,000 beneficiaries => 8 1 hospital every 8,000 beneficiaries => 9 1 hospital > 8,000 beneficiaries => 10

Note: Insurance company that gets at least 48 (60%) marks will be technically qualified. The qualification criteria, however, will be revised in subsequent years. The revised qualification criteria for subsequent years will be as under:

Year	Qualification Points	Qualification Percentage
After 1st year	48	60%
After 2nd year	52	65%
After 3rd year	56	70%
After 4th year	60	75%

There may be cases where last two conditions related to hospital empanelment may not be fulfilled due to limited presence of the hospitals for empanelment. In all such cases, the insurance company needs to obtain a certificate from the district administration regarding un-availability of the hospitals.
In the above two cases, if the insurance company is able to produce the certificate then its performance will be judged only on 60 or 70 marks as the case may be.

Appendix 9 – 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:

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)

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 District Labour Officer, Chief Medical Officer, Chief District Health Officer, Assistant District Collector (ADC)/ Additional District Magistrate (ADM), District Development 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. The personalization of DKM card, however, will be done at district by District Informatics officer.

a. Timeline

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 DKM has to play a very important role in successful implementation of RSBY. DKM's first role is to identify an Additional DKM, who will help him/her in day to day affairs. The roles and responsibilities of DKM are as given below:

a. Pre-Enrollment

- Receive the DKMA/ADKM 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.
- Maintaining inventory 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 intermediary's 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 the Information to CKGA 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 facilitate the 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-Enrolment

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 Enrolment

a. Ensure that the BPL list is displayed at the enrolment station
b. Identify the beneficiary at the enrolment station either by face or with the help of identification document
c. Make sure that the enrolment team is correcting the **name**, **gender** and **age** data of dependents in the field in case of any mismatch

d. Make sure that the enrolment team **is** no**t** excluding any member of the identified family that is present for RSBY enrolment
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 enrolment team after verification
h. Make sure that the enrolment team is collecting only INR 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 enrolment station are entered on the card and their fingerprints & photographs are taken
j. Ensure that the enrolment 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 enrolment are present at the camp, they should be informed that those can be added to the card at the District kiosk.

5.3 Post Enrolment

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 healthcare provider shall be reimbursed as per the package cost specified in the tender agreed for specified packages or as mutually agreed upon in case of unspecified packages. The healthcare provider, at the time of discharge, shall debit the amount indicated in the package list. The machines and the equipment to be installed 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 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 can be taken in case of emergency/ critical condition of the patient) 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 hours 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 duly filled in, with entries clearly marked 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, it 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 are by no means denial of treatment by the health facility**.** The health care provider shall deal with such cases as per their normal rules and regulations.
i) Authorization 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. Healthcare 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 Authorization 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 healthcare provider and insurer. Since this would not be available in the package list on the computer, it would be entered manually.

l) In case the balance sum available is considerably less than the package cost, the healthcare provider should follow their norms of deposit/running bills etc. However, the healthcare 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 cases where the beneficiary is admitted in a healthcare provider 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

Basic infrastructure for kiosk to provide services to RSBY beneficiaries

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

1. **Location of the district kiosk:** The district kiosk is to be located at the district headquarters at a place frequented and easily accessible. The state government will 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. Sitting and waiting space, utilities, and water facilities for the beneficiaries to be ensured.

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).

Hardware components for district kiosk[1]: the following table provides the hardware and its configuration for equipment at district kiosk

Hardware components	Remarks
Computer / Desktop PC (1 in number)	► This should be capable of supporting all other devices required. ► It should be loaded with standard software provided by the MoLE. **Configuration**: Desktop with dual core processor with 2 GHz, 80 GB hard drive, DVD r/w drive, 2 GB RAM, graphics card, minimum of 4 USB ports etc.
Fingerprint Scanner / Reader Module (1 in number)	► 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)	► 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)	► 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)	► Supports Color dye sublimation and monochrome thermal transfer ► Edge to edge printing standard ► Integrated ribbon saver for monochrome printing ► Minimum printing resolution of 300 dpi ► 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 ► USB connectivity ► Printer with hardware/software protection to disallow unauthorized usage of

[1] The hardware specifications provided is an indicative list and are subject to change depending on the decisions taken

Hardware components	Remarks
	printer ► Inbuilt encoding unit (ISO7816 and PCSC compliant) to personalize microcontroller chip based contact cards in a single pass ► Smart card printing ribbon as required
Fingerprint scanner	► The fingerprint capture device at enrolment as well as verification will be single finger type ► Compliance with "fingerprint_image_data_standard_ver.1.0" mentioned on www.egovstandards.gov.in. All specifications confirming to "Setting level 31" will be applicable for RSBY related enrolment and verification ► The images should be stored in .png format
Power backup	► UPS of capacity 860VA or higher ► Minimum 8 hours of power backup for specified hardware set
Telephone Line (1 Nos.)	► This is required to provide support as a helpline
Internet Connection	► This is required to upload/send data/ access the web based software for RSBY
Master Kiosk card	► The card issuance system should be able to personalize a 64 KB NIC certified SCOSTA smart card for the RSBY scheme as per the card layout.

Software components

Software components	Remarks
Operating System	Vendor can adapt any OS for their software as long as it is compatible with the software Suggestive software is: MS Windows 7 operating System 32/64 bit or above
System Software	The software for RSBY shall be provided by MoLE. Any updates and modifications shall be done with instructions from MoLE. The IC must ensure that the updated stand-alone software is provided to the kiosk operator within 5 business days of the update.

1. **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). The Insurer shall undertake the following activities at the District Kiosk:
    a. re-issuing of lost Smart Cards;
    b. splitting of Smart Cards;
    c. modification of Smart Cards;

Detailed specifications are available in the Enrollment specifications. It should be ensured that in a single transaction only one activity should be carried out over the Smart Card i.e., there should not be a combination of Smart Card re-issuance, modification and/or splitting.

The District Kiosk should also enable the business continuity plan in case the Smart Card or the devices fail and electronic transactions cannot be carried out.

The principal functions of a District Kiosk are as follows:

a. Re-issuance of a Smart Card: This is done in the following cases: The Smart Card is reported as lost or missing through any of the channels mentioned by the Smart Card vendor/Insurer, or, the Smart Card is damaged.

    i. At the District Kiosk, based on the URN, the current Smart Card serial number will

be marked as hot-listed in the backend to prevent misuse of the lost/missing/damaged Smart Card.

ii. The existing data of the Beneficiary, including photograph, fingerprints and transaction details shall be pulled up from the District Server, verified by the Beneficiary and validated using the Beneficiary's Fingerprints.

iii. The Beneficiary Family Unit shall be given a date (based on SLA with the State Nodal Agency) when the reissued Smart Card may be collected.

iv. It is the responsibility of the Insurer to collate transaction details of the Beneficiary Family Unit from their central server (to ensure that any transactions done in some other district are also available).

v. The Smart Card should be personalised with details of Beneficiary Family Unit, transaction details and insurance details within the defined time using the District Kiosk card for key insertion.

vi. 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.

b. Splitting of Smart Card: Smart Card splitting is done to help the beneficiary to avail the services simultaneously at two diverse locations, i.e., when the Beneficiary Family Unit wishes to split the available sum insured on the Smart Card between two Smart Cards. The points to be kept in mind while performing a Smart Card split are:

i. The Beneficiary needs to go to the District Kiosk for splitting of the Smart Card in case the Smart Card was not split at the time of enrolment.

ii. The existing data including text details, images and transaction details shall be pulled up from the District Server. The Smart Card split may be carried out only if there is no blocked transaction currently on the Smart Card.

iii. The fingerprints of any enrolled member of the Beneficiary Family Unit shall be verified against those available on the Smart Card.

iv. The split ratio should be confirmed by the beneficiary. Only the available sum insured may be split between the two smart cards. The available sum insured on the main smart card shall be modified.

v. The Beneficiary's existing data, photograph, fingerprint and transaction details shall be pulled up from the District Server and a fresh smart card (add-on smart card) will be issued immediately to the Beneficiary Family Unit. Both smart cards should have details of all enrolled members of the Beneficiary Family Unit.

vi. The existing smart card shall be modified and the add-on smart card issued using the MKC card.

vii. Fresh and modified data shall be uploaded to the central server as well.

c. Smart Card modifications: This process is to be followed in the following circumstances: (i) Only the head of the family was present at the time of enrolment and other family members need to be enrolled on the Smart Card, or, if all or some of the family members were not present at the enrolment station; and (ii) In case of death of any person enrolled on the Smart Card, another family member from the Beneficiary Database shall, if applicable, have his/her details added to or modified on the Smart Card;

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

i. Smart Card modification can only be done at the District Kiosk of the same district where the original smart card was issued.

ii. If split smart cards have been issued in the interim, both the smart cards would need to be presented at the time of modification.

iii. Smart Card modification during the year can only happen under the circumstances mentioned above.

iv. The Insurer must ensure that only family members listed on the smart card are enrolled for the cover policy. As in the case of enrolment, no modifications shall be made except to name, age and gender.
v. A new photograph of the family may be taken (if all the members are present or if the Beneficiary Family Unit demands it).
vi. Fingerprints of additional members needs to be captured.
vii. Data of family members has to be updated on the chip of the Smart Card.
viii. The existing details need to be modified in the Beneficiary Database (local and central server).
ix. The existing smart card will be modified using the MKC+APCC card.

2. District/ Insurance Company Server

The District/Insurance Company Server is responsibility of the Insurer and is required to:

- Set up and configure the Beneficiary data for use at the enrolment stations;
- Collate the enrolment data including the fingerprints and photographs and send it on to the State Nodal Agency and the MoLE periodically;
- Collate the transaction data and send it on to the State Nodal Agency and the MoLE periodically; and
- Ensure availability of enrolled data to the District Kiosk for modifications, etc. at all times.

a. 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.

b. Specifications of the District Server: The minimum specifications for a District Server have been given below, however the Insurer's IT team would have to arrive at the actual requirement based on the data sizing.

CPU	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	Windows 2003
Database	SQL 2005 Enterprise Edition

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

- The Insurer needs to plan, setup and maintain the District Server and District Kiosk as well as the software required to configure the Beneficiary Database for use in the enrolment stations.
- Before enrolment, the Insurer/Smart Card Service Provider will download the Beneficiary Database from the RSBY website and ensure that the complete, validated Beneficiary Database for the district is placed at the District Server and that the URNs are generated prior to beginning of enrolment for the district.

- The Enrolment Kits should contain the Beneficiary Database only for the area where enrolment is to be carried out.

- The Beneficiary Family Units that are enrolled should be informed at the time of enrolment about the location of the District Kiosk and its functions.

- The Insurer needs to install and maintain the devices to read and update smart cards at the District Kiosk and the premises of the Empanelled Health Care Providers. The Insurer owns the hardware at the District Kiosk.

- It is the Insurer's responsibility to ensure in-time availability of the software(s) required, at the District Kiosk and at the Empanelled Health Care Provider premises, for issuance and usage of the smart cards.

- It is the responsibility of the Insurer to back up the enrolment and personalization data to the District Server. This data (including photographs and fingerprints) will thereafter be provided to the State Nodal Agency and the MoLE in the prescribed format.

- It is the responsibility of the Insurer or its service provider to set up a help desk and technical support center at the district. The help desk needs to cater to Beneficiaries, Empanelled Health Care Providers, administration and any other interested parties. The technical support center is required to provide technical assistance to the Empanelled Health Care Providers on both hardware and software issues. This may be co-located with the District Kiosk.

Appendix 13 – Specifications for the Hardware and Software for Empanelled Healthcare Providers

13.1 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 infrastructure (hardware and software) as per requirement.

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.

It is the responsibility of the hospitals to ensure that the system is running at all times and to inform the concerned IC which has installed the system, in case there are any problems related to its proper use as required.

13.2 IT infrastructure needed at Public Health Care Facility for wellness checks

In order for the Public Health Facilities (PHF) to provide wellness checks, the following hardware and software requirements must be fulfilled prior to enrolment process:

a. Personal Computer/Thin Client with Broadband internet connectivity
b. Smart Card Readers (2 Nos.)
c. Biometric scanner
d. Centralised web based wellness check software/offline utility(this can be synced with the central server on connectivity)
e. Printer (1 Nos.)

It is the responsibility of the PHF to ensure that the system is running at all times and to inform the concerned Insurance Company which has installed the system, in case there are any problems related to its proper use as required.

13.3 Hardware specifications for hospital and public health care providers

The following are the hardware and software specifications for hospitals and PHC's:

- Depending on RSBY turnaround sufficient number of desktops or laptop systems with dual core processor with 2 GHz, 80 GB hard disk drive, DVD R/W drive, 2 GB RAM, graphics card, minimum 4 USB ports etc.
- Other software environment shall be as below:
    a. TMS software provided by MoLE
    b. Licensed MS windows 7 Operating System 32/ 64 bit or above
    c. Microsoft.NET Framework 3.5 or above
    d. MySQL database, ODBC connectivity
    e. Microsoft crystal reports
    f. Drivers for all the peripherals (printer, fingerprint scanner, smart card reader etc.)
- Printer (laser/dot matrix/inkjet etc.)
- Finger print scanner (one with each computer system) – One biometric fingerprint recognition device to be connected to desktop through USB port with the following configuration:
    a. 5v DC 500mA (supplied via USB port)
    b. Operating temperature range: 0c to 50c
    c. Operating humidity range: 10% to 90%
    d. Compliance: FCC home or office use, CE and C-Tick
    e. 500 dpi optical fingerprint scanner (22 x 24 mm)
    f. USB 1.1 or above interface
    g. Drivers for the device should be available on windows or Linux platform
    h. Should provide PNG image as well as templates as per ISO 19794 and Minex format
    i. Capable of converting fingerprint image to RBI approved ISO 19794 and Minex template
- Smart Card reader (two for each computer system) – two smart card readers with the following configuration:

a. PCSC and ISO 7816 compliant
b. Read and write all microprocessor cards with T=0 and T=1 protocols
c. USB 2.0 full speed interface to PC with simple command structure

- Internet connectivity for data transfer to SNA, central server etc.
- Externally powered USB hub with minimum 4 ports.

Appendix 14 – List of Public Healthcare Providers to be empanelled

District	Block	Name of Healthcare Provider	Name of contact person	Address of Healthcare Provider	Public or Private, (if public, mention type of healthcare provider)	No. of beds	Remarks
Dimapur	Sardar	District Hospital, Dimapur	Medical Superintendent	District Hospital, Dimapur	Public (District Hospital)	150	
Longleng	Sardar	District Hospital,	Medical Superintendent	District Hospital,	Public (District Hospital)	50	
Kiphire	Sardar	District Hospital,	Medical Superintendent	District Hospital,	Public (District Hospital)	50	
Kohima	Sardar	NHAK, Kohima	Medical Superintendent	NHAK, Kohima	Public (District Hospital)	300	
Mokokchung	Sardar	District Hospital, Mokokchung	Medical Superintendent	District Hospital, Mokokchung	Public (District Hospital)	150	
Mon	Sardar	District Hospital,	Medical Superintendent	District Hospital,	Public (District Hospital)	100	
Peren	Sardar	District Hospital, Mon	Medical Superintendent	District Hospital, Mon	Public (District Hospital)	50	
Phek	Sardar	District Hospital, Peren	Medical Superintendent	District Hospital, Peren	Public (District Hospital)	100	
Tuensang	Sardar	District Hospital, Tuensang	Medical Superintendent	District Hospital, Tuensang	Public (District Hospital)	150	
Wokha	Sardar	District Hospital, Wokha	Medical Superintendent	District Hospital, Wokha	Public (District Hospital)	100	
Zunheboto	Sardar	District Hospital, Zunheboto	Medical Superintendent	District Hospital, Zunheboto	Public (District Hospital)	100	

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 servicing of 10 million people in past THREE years (2008-09, 2009-10, and 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) & SCHIS. 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 documents2 (including annexes

ESSENTIAL CRITERIA:

No	CRITERIA (Yes / No)	**B-1**	**B-2**	**B-3**	**B-4**	**B-5**	**B-6**	**B-7**	**B-8**	**B-10**	**B-11**	**B-12**	**B-10**
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	Last 3 Years" audited Balance Sheet and Profit and Loss Statement with Auditors" Report. (Annexure B1)												
4	Memorandum of Association and Article of Association												

	of Company. (Annexure B2)												
5	True certified copies which provides proof that the Insurance Company has a group health insurance policy covering at least 40,000 lives for each of the previous three continuous financial years (Annexure C)												
6	The Insurer has to provide an undertaking expressing their explicit agreement to adhere with the details of the scheme. (Annexure D)												
7	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 E)												
8	List of Additional Packages for common medical and surgical interventions/ procedures: **Annexure F**												
9	The Insurer will provide a												

	certificate from Actuary as per **Annexure G**												

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 8 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
_____
_____
_____
_____

Name of reviewer	***Organization***	***Designation***	***Signature***

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