

## **SECTION II: TERMS OF REFERENCE**

### **TERMS OF REFERENCE**

#### **I. BACKGROUND OF THE SWASTHYA SATHI SCHEME**

The Department of Health & Family Welfare, Govt. of West Bengal, is going to launch a Group Health Insurance scheme named “Swasthya Sathi”, which is going to be implemented in the state for larger section of the Society including the present beneficiaries covered under RSBY. The scheme will have basic health cover for secondary and tertiary care up to Rs. 1.5 Lakh per annum per family. All pre-existing diseases will be covered. The entire premium will be borne by the State Government with no contribution from the beneficiaries. There will be no cap on the family size. Critical illness like Cancer, Neuro surgeries, cardiothoracic surgeries, liver diseases, blood disorders etc. will be covered up to Rs 5 Lakh per annum per family and the cost thereof will be borne by the State Government. Management of the scheme right from issue of Swasthya Sathi card for each beneficiary family to patient admission, keeping records of treatment and hospital claims settlement would be administered through paperless hassle free IT platform which will ensure:

1. Dedicated Centralized Database Server

2. Single Window Online System for:

2.1. Collection of existing Data, Verification and Finalization thereof;

2.2. Online enrolment through Centralised Server Database;

2.3. Issue of Smart Card/PVC Card (Bar Coded)/Magnetic Card (Strip);

2.4. Empanelment of hospitals including Govt Hospitals;

2.4. Mapping with empanelled hospitals including Govt Hospital and capture transactions with them (Online Admission/Registration of patients, Pre-authorization, Online Grievance & Redressal);

2.5. Claim Management including Direct Fund Transfer by SNA with the hospitals and District units as well as Insurance Companies; and

2.6. Different MIS Reports.

## II. **SCHEME FEATURES**

### 1. **NAME**

Name of the scheme shall be “**SWASTHYA SATHI**”.

### 2. **OBJECTIVE**

To improve access of identified families to protect them from financially debilitating effect of illness and adverse health conditions and to provide cashless, paperless, quality medical care for treatment of diseases involving hospitalization through an identified network of health care providers.

### 3. **BENEFICIARIES**

The scheme is intended to benefit identified categories of contractual/casual employees of different departments of West Bengal spread over all the 20 districts. This tender is invited to cover an estimated number of 64 lakh such families of the 20 Districts of West Bengal. Districtwise details of estimated number of families are given in Section – I of this Tender document.

**NOTE: In addition to the estimated number of beneficiaries as given in clause 3, the State Government may add more Beneficiaries to the scheme. The Same terms and conditions including Premium shall be applicable to additional beneficiary families.**

### 4. **ENROLMENT UNIT AND ITS DEFINITION**

#### 4.1 **Unit of Enrolment**

The unit of enrolment for “**SWASTHYA SATHI**” is family.

#### 4.2 **Size of Family**

The size of the enrolled family is the whole family consisting of members as defined below for availing of the benefit under “**SWASTHYA SATHI**”.

#### 4.3 **Definition of Family**

- a) There is no upper cap on family size.
- b) A family would comprise of beneficiary herself / himself, spouse of the eligible worker, children up to 18 years age and parents of both the spouse.
- c) Cards to be issued in the name of the eldest Female Member of the family
- d) 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.
- e) If the head of the family is absent at the time of enrolment, the spouse shall become the head of the family for the purpose of the “**SWASTHYA SATHI**”.

- f) The head of the family shall nominate dependants as part of the Beneficiary Family Unit from the dependants that are listed or added during enrolment as part of the family in the Beneficiary Database.

## 5. BENEFITS

### 5.1 Benefit Package

The Benefits within this scheme to be provided on a cashless basis to the Beneficiaries up to the limit of their annual coverage and package charges on specific procedures, 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 ₹ 1,50,000/- per family per year in any of the empanelled health care providers across West Bengal. The benefit to the family will be on floater basis, i.e., the total reimbursement of ₹ 1,50,000/- 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 ₹ 200 per hospitalisation in case of ordinary Hospital and Rs 300/ in case of Grade A hospitals subject to an annual ceiling of ₹ 2000 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. Maternity and Newborn Child will be covered as indicated below:  
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**.

Newborn child shall be automatically covered from birth upto the expiry of the policy for that year for all the expenses incurred in taking treatment at the hospital as in-patient. This benefit shall be a part of basic sum insured and new

born will be considered as a part of insured family member till the expiry of the policy subject to exclusions given in **Appendix 1**.

The coverage shall be from day one of the inception of the policy. However, normal hospitalisation period *for both mother and child* should not be less than 48 hours *post delivery*.

**Note:**

- i. For the ongoing policy period until its renewal, new born will be provided all benefits under “SWASTHYA SATHI”.
- ii. Verification for the newborn can be done by any of the existing family members who are enrolled in “SWASTHYA SATHI” through the same smart card as that of the mother.

## 5.2 Package Rate

**5.2.1** 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 that is set out in **Appendix 3**, for that medical or surgical treatment, procedure or intervention or listed day care procedure. 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).

**5.2.2** 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
- 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. Diet to patient
- j. Expenses incurred for consultation, diagnostic test and medicines up to 1 day before the admission of the patient and cost of diagnostic test and medicine up to 5 days of the discharge from the hospital for the same ailment / surgery
- k. Transportation Charge of Rs. 200/ or Rs 300 as applicable (payable to the beneficiary at the time of discharge in cash by the hospital)
- l. Any other expenses related to the treatment of the patient in the hospital.

**5.2.3** These package rates are so designed as to link with the gradation of Healthcare Providers graded into three categories, viz., Grade A, Grade B and Grade C as detailed in Section 7.1 hereunder.

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

Provided that the Beneficiary has sufficient insurance cover remaining at the time of seeking treatment, surgical or medical procedure or intervention or day care procedure for which package rates have been decided, claims by the Empanelled Health Care Provider will be subject to online pre-authorization process by the Insurer except the day care packages and packages under maternity. All preauthorisation to be given within 24 hours of uploading the preauthorisation request else it will be deemed to be approved by the insurer. The list of common procedures and package charges is set out in Appendix 3 to this tender, and will also be incorporated as an integral part of service agreements between the Insurer and its empanelled providers.

## **6. ELIGIBLE HEALTH CARE PROVIDERS**

Both public and private healthcare providers which provide hospitalization would be eligible for empanelment under "SWASTHYA SATHI", with gradation as per the availability of services in the hospitals and subject to such requirements for empanelment as outlined in this tender document.

## **7. EMPANELMENT OF HEALTH CARE PROVIDERS**

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

Health Care Providers having adequate facilities and offering services as stipulated in the guidelines will be empanelled after being inspected by qualified technical team of the Insurance Company or their representatives in consultation with the District Nodal Officer, "SWASTHYA SATHI", and approved by the District Administration/ State Government/ State Nodal Agency. Hospitals should have the following criteria to be considered for empanelment under Swasthyasathi:

- a) All Hospital should have a valid CE certificate and other relevant hospital regulatory license like Bio-medical waste, Fire Dept. clearance, NOC from Pollution Control Board, PNDT, etc.
- b) Hospital should have at least 30 and above inpatient beds for inpatient health care.
- c) Round-the-clock availability of manned Swasthya Sathi Help Desk and registration counter is to be ensured.

- d) RMO shall be available for Round-the-clock as per WB CE Act norm.
- e) All the doctors working in the hospitals, whether fulltime or part-time, should be registered under WB Medical Council/MCI/Other state Medical council.
- f) Round- the-clock availability of Nurses & Paramedic staff as per WB CE Act norm is to be ensured.
- g) Casualty should be equipped with emergency kit and medicines including Monitors, Defibrillator, Crash Cart, Resuscitation equipment, Oxygen, and Suction facility etc. and with emergency observation beds and attached drinking water & toilet facility.
- h) Round the clock (24 Hrs.) Pharmacy facilities either, In-house pharmacy or with 'Tie-up' with a nearby Pharmaceutical centre, whenever it is applicable, is to be ensured.
- i) Round-the-clock advanced diagnostic facilities either In-House or with Tie-up with a nearby Diagnostic Centre like In-house/Outer, 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, etc. is to be ensured.
- j) Fully equipped Operation Theatre along with required equipments as mentioned in the specific requirements for each Specialty is to be ensured.
- k) ICU facility with Monitors, Ventilators, Oxygen facility, Suction facility, Defibrillator, and required other facilities & requisite staff is to be ensured.
- l) Round-the-clock availability of specialists, Doctors, and support fields staff with on-call is to be ensured.
- m) Round-the-clock Blood Bank facilities either In-House or with Tie-up with a nearby Blood Bank is to be ensured.
- n) Round-the-clock own Ambulance facilities either In-house or with Tie-up is to be ensured.
- o) Physiotherapy centre facilities either 'In-House' or with 'Tie-up' with a nearby Physiotherapy Centre, wherever it is applicable, is to be ensured.
- p) All Hospital should maintain complete records as per ICD-10 as required on day-to-day basis. Necessary records of hospital / patients are to be provided to the SNA/Insurer/TPA as and when required.
- q) Separate male and female wards with toilet and other basic amenities is to be ensured.
- r) Safe drinking water facilities for patients and patient party is to be ensured.
- s) Availability of Pantry/Kitchen facility for patient diets/ out sourced diet supply is to be ensured.
- t) Availability of well-ventilated waiting Area/Room for Patients and Patient party is to be ensured.
- u) Parking area for Ambulance and car parking for Doctors, Patients, and Visitors is to be ensured.
- v) Availability of canteen/cafeteria for Patient, Patient Party, visitors.
- w) Generator facility with required capacity suitable to the bed strength of the hospital should be installed.

Out Patient Services (OPD) for Swasthya Sathi Beneficiaries (prior to admission into IPD) in the Empanelled Hospitals will be free of Cost.

Hospitals will be empanelled as per availability of facility like Specialty /Super speciality/ Services in the Hospitals.

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

**7.1 Gradation of Healthcare Providers:** A committee of experts will recommend the gradation of hospitals into three categories, viz., Grade A, Grade B and Grade C.

**7.1.1** All Government hospitals (including Community Health Centres) as decided by the State Government and Employee State Insurance Scheme hospitals shall be categorised as follows:

- i. All Super/Multi Speciality Hospital/Medical College & Hospital: Grade A.
- ii. District Hospitals, State General Hospitals, Special Hospitals, SDH having CCU, SNCU High end Diagnostic Centres etc. : Grade B.
- iii. All other empanelled Hospitals : Grade C

**7.1.2** Private Healthcare Providers: Private Healthcare Providers will also be categorised into three Grades, viz., Grade A, Grade B and Grade C as follows:

- i. All Private Super/Multi Speciality Hospitals/Medical College & Hospitals: Grade A.
- ii. Health Care Providers accredited by National Accreditation Board for Hospitals (NABH) : Grade A.
- iii. Hospitals that do not fall under above categories as detailed at 7.1.2(i) and 7.1.2(ii) but scored 80% and above as per Selection Criteria referred to Appendix-16: Grade A.
- iv. All other Hospitals scored at least 60% but below 80% : Grade-B
- v. Other Hospitals qualified for empanelment : Grade-C

## **7.2** Criteria for Empanelment of Public Health Care Providers

All Government hospitals with IPD facility and as decided by the State Government shall be empanelled. The hospitals shall have Telephone/Fax, and complete transaction enabling infrastructure as has been defined in **Appendix 4**

## **7.3** Criteria for Empanelment of Private Health Care Providers

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

- a. Out Patient Services (OPD) for Swasthya Sathi Beneficiaries in the Empanelled Hospitals will be free of Cost;
- b. Hospitals will be categorized into different grades, viz., Grade A, Grade B and Grade C, taking into consideration the Specialty /Super-speciality Services available in the Hospitals;
- c. The facility should have at least 30 functioning inpatient beds or as determined by State Nodal Agency, an operational pharmacy and diagnostic services, or having tie-up with the same in close vicinity so as to provide 'cash less' service to the patient.
- d. Those facilities undertaking surgical operations should have a fully equipped Operating Theatre of their own.
- e. The facility should have fully qualified doctors (at least MBBS) and qualified nursing staff under its employment round the clock.
- f. The facility should maintain necessary records as required and provide necessary records of the insured patient to the Insurer or his representative/ Government/Nodal Agency as and when required.
- g. The facility should have registration with Income Tax Department.
- h. The facility should have Telephone/Fax.

**Note:** The private hospitals considered as empanelled should have to procure complete transaction-enabling infrastructure, as has been defined in **Appendix 4**, enabled for raising claims on Insurance Company.

#### **7.4 IT Infrastructure needed for Empanelment in "SWASTHYA SATHI"**

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

#### **7.5 Additional Benefits to be provided by Health Care Providers**

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



## 7.6 Additional Responsibilities of the Health Care Providers

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

- a. Display clearly their status of being an empanelled provider of Swasthya Sathi in the prescribed format given by State Nodal Agency outside/ at their main gate, in front of Emergency Counters.
- b. Provide a functional help desk (24X7) for giving necessary assistance to the “Swasthya Sathi” beneficiaries. At least two persons in the hospital will be nominated by the hospital that will be trained in different aspects of “Swasthya Sathi” and related hardware and software by the Insurance Company.
- c. Display a poster near the reception/admission desks along with the other materials supplied by the Insurer for the ease of beneficiaries, Government and Insurer. The template of Empanelled status and poster for reception area will be provided by the State Nodal Agency.
- d. Make claims on the Insurer electronically, by swiping the Smart Card presented by the Beneficiaries at the time of registration, admission (blocking) and discharge.
- e. Send hospitalisation data of “Swasthya Sathi” 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. Co-operate with the Insurer and the State Nodal Agency and provide access to the Insurer and State Nodal Agency to all facilities, records and information for the conduct of audits or any other performance evaluations of the performance by the Empanelled Health Care Provider.
- h. Comply with the provisions of all applicable laws, statutes, rules and regulations, as amended from time to time.

## 7.7 Process for Empanelment of Hospitals

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

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

- a. Receive list of Public and Private Hospitals in a district, duly graded into three categories – Grade A, Grade B and Grade C, from District administration which can be empanelled in “Swasthya Sathi”.
- b. Organise a district workshop in the district for sensitization of public and private hospitals after completion of tendering process but before the commencement of enrolment in the district.
- c. Based on the list of hospitals provided, willingness of the health care providers to be empanelled in “Swasthya Sathi”. The Insurance Company will prepare and submit a final list of public and private hospitals which will be empanelled in a district to the District administration along with a copy to State Nodal Agency.

- d. Enter into the Services Agreements (as approved by SNA) with the public and private health care providers which have agreed to be empanelled in a district, prior to commencement of enrolment for such district.
- e. Make sure that the necessary software and hardware are installed in the hospital before the commencement of the policy.
- f. Insurer will guide the hospital to apply for Master Hospital Card by online filling up the details of the hospitals in the designated area of [swasthyasathi.wbhealth.gov.in](http://swasthyasathi.wbhealth.gov.in).
- g. Provide Master Hospital Card to the hospital after receiving it from the District Key Manager in the district before the commencement of the policy.
- h. Ensure activation and working of the machines at each empanelled Hospital before the commencement and during the Policy Period.
- i. Ensure the training of the Hospital personnel during the Hospital Workshop and individually as well, along with the refresher training at least twice in a year.

### **7.8 Agreement with Empanelled Hospital**

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

### **7.9 Delisting of Hospitals**

An empanelled hospital would be de-listed with the cognizance of the District Key Manager and or State Nodal Agency from the “Swasthya Sathi” network if it is found that guidelines of the Scheme are not followed by the hospital and services offered are not satisfactory as per laid down standards. The Insurance Company will follow the Guidelines for de-empanelment for hospitals as given in **Appendix 6**.

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

### **7.10 List of Empanelled Health Care Providers to be submitted**

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

- a. A list of empanelled health care providers, within the district, and in neighbouring districts of the State, that have agreed to be a part of “Swasthya Sathi” network, in the format given in **Appendix 7**.
- b. For the health care providers which will be empanelled after the commencement of the enrolment process in the district, the Insurer will need to submit this information every month to the State Government/

Nodal Agency. Insurer will also need to ensure that details of these hospitals are conveyed to the beneficiaries through an appropriate IEC from time to time.

- c. Insurer will also need to ensure that details of all Empanelled Health Care Providers are conveyed to the Beneficiaries of the “Swasthya Sathi” at regular intervals and an updated copy of such list is kept at the District Kiosks, Block development Offices and Panchayat office at all times.

## **8. SERVICES BEYOND SERVICE AREA**

- a. The Insurer undertakes that it will, within one month of signing of agreement with State Government, empanel Health Care Providers beyond the territory of the districts/state covered by this tender for the purposes of providing benefits under “Swasthya Sathi” 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/state are already empanelled under “Swasthya Sathi”, then insurer shall provide a list of those hospitals to the State Government/ Nodal Agency.
- c. To ensure true portability of smart card so that the beneficiary can get seamless access to “Swasthya Sathi” empanelled hospitals anywhere across state, the Insurer shall enter into arrangement with ALL other Insurance companies which are working in “Swasthya Sathi” for allowing sharing of network hospitals, transfer of claim & transaction data arising in areas beyond the service area.
- d. The Inter District insurance company claims will also be handled in the same way and time frame by the Insurance Companies as defined in this document.

## **9. DISTRICT KEY MANGER AND FIELD KEY OFFICER**

- a. The District Key Manager (DKM) is a key person in “Swasthya Sathi” responsible for executing very critical functions for the implementation of “Swasthya Sathi” at the district level. The DKM is appointed by State Government/ Nodal Agency within 7 days of signing agreement with the Insurance Company. DKM is provided a security card/dongle through which FKO cards/dongles are issued. The roles and functions of DKM have been provided in **Appendix 10**.
- b. The Field Key Officer (FKO) is a field level Government officer, or any other functionary nominated by DKM, who is responsible for verifying the identity of the beneficiary head of the household. The FKO does this process through his/ her fingerprint and smart card/dongle provided for this purpose by the Government

called Master Issuance Card (MIC). The roles and functions of FKO have been provided in **Appendix 10**.

## 10. PAYMENT OF PREMIUM

State Government/ Nodal Agency will, on behalf of the identified beneficiaries, make the payment of the premium to the Insurance Company based on the enrolment of the identified beneficiaries and delivery of smart cards to them. State Government/ Nodal Agency will, however, make payment of 10% of the agreed contract price to be arrived at by multiplying the premium per family with the estimated family on signing of Agreement. Actual amount of premium will be released by the State Government to the Insurance Company based on the enrolment of the identified beneficiaries and delivery of smart cards to them. The State Nodal Agency on receipt of this information through online updation status in server and certificate of enrolment data from the District Authority in the prescribed format shall release its premium to the Insurance Company in two instalments thereafter adjusting the payment of 10% of the agreed contract price made initially on signing the contract.

### **10.1 Payment of premium instalment will be as follows:**

The Insurer or its representative(s) shall deliver the Smart Card to each “Swasthya Sathi”. Beneficiary Family Unit, at the time of enrolment free of cost.

<b>STAGE COMPLETED</b>	<b>AMOUNT PAYABLE</b>
On signing of Agreement (Being 1 <sup>st</sup> instalment)	10% of the agreed contract price to be arrived at by multiplying the premium per family with the estimated family
On completion of enrolment (Being 2 <sup>nd</sup> instalment)	40% of the agreed contract price to be arrived at by multiplying the premium cost per family with the enrolled family <i>minus</i> amount already paid at the time of signing the contract
Within 120 days of the starting of the policy (Being 3 <sup>rd</sup> instalment)	60% of the agreed contract price to be arrived at by multiplying the premium cost per family with the enrolled family

The First Instalment (10%) shall be paid by the State Nodal Agency to the Insurance Company whereby Insurer will raise the bill for Premium in the first week of the signing of the agreement. The State Nodal Agency shall pay the Premium within two weeks of receipt of the invoice from the Insurer.

The 2<sup>nd</sup> Instalment shall be paid by the State Nodal Agency to the Insurance Company whereby Insurer will raise the bill for Premium in the first week of the succeeding month in which enrolment occurs in relation to enrolments completed in the previous month. Along with its invoice, the Insurer shall provide the complete enrolment data (including personal data, i.e. photograph, biometric print images) to the State Nodal Agency in electronic form. The State Nodal Agency shall pay the Premium within 30 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/dongles on the District Key Manager (DKM) server.

The third and final instalment (60%) shall be paid by the State Nodal Agency to the Insurance Company within 120 days of starting of policy.

The Insurer / Insurance Company may also enter the details of the premium raised on in the web portal of **swashyasathi.wbhealth.gov.in**. A Premium Claim Reference (PCR) Number will be generated by the system and this should be mentioned on the hard copy of the invoice submitted to the State Nodal Agency.

It will be the responsibility of the State Government/ Nodal Agency to ensure that the premium to the Insurance Company shall be paid according to the schedule mentioned above to ensure adherence to compliance of Section 64 VB of the Insurance Act 1938.

Premium payment to the Insurance Company will be based on reconciliation of invoice raised by Insurer and enrolment data uploaded in the Server as well as certificate of DKM based on downloaded enrolment count of Field Key Officers' (FKOs) Card/dongle at DKM server.

The Insurance Company will need to submit on a weekly basis digitally signed enrolment data generated by the enrolment software at DKM server.

Only in the first year of the policy period in which smart cards are to be issued in favour of the enrolled beneficiaries, premium should include the accepted price inclusive of cost of smart cards. In case of renewal of policy, however, premium shall be exclusive of cost of smart cards @ Rs.25/- per card from the accepted price as no fresh smart cards are to be issued by the Insurer.

### **10.2 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 25 towards cost of card to premium received) is less than 80%, then the insurer will return the difference between actual claim and 80% of the insurance premium to the SNA.
- b. In case the claim ratio, as calculated above, is higher than 100%, no refund shall be made 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, if any, shall be returned by the Insurance Company within 90 days of the end of policy period.

## **11.PERIOD OF CONTRACT AND INSURANCE**

### **11.1 Term of the Contract**

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

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

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

### **11.2 Issuance of Policy**

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

- c. In the event of any discrepancy, ambiguity or contradiction between the terms and conditions set out in the Contract(s) and in the Policies issued for a district, the provisions of Contract(s) shall prevail.
- d. The commencement of policy period may be determined for each District separately depending upon the commencement of the issue of smart cards in that particular District. If enrolment of any new beneficiaries are undertaken during the pendency of the policy, prorata premium including cost of card (not exceeding Rs 25/-) will be paid by the State Nodal Agency in one instalment within 90 days.

### **11.3 Commencement of policy in districts**

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

- A. In the cases of districts where policy is starting for the first time:
  - I. The Policy Cover Period under the “Swasthya Sathi” for a district shall commence from the first day of the month succeeding the month in which the first Smart Card is issued in that district. Therefore, the risk cover for the first Beneficiary Family Unit to be issued a Smart Card in such district shall be for the entire Policy Cover Period.
  - II. However for calculation of full premium for any Beneficiary Family Unit shall have at least 11months of risk cover.
  - III. Notwithstanding the date of enrolment and issuance of the Smart Cards to the Beneficiary Family Units in a district, the end date of the risk cover for all the Beneficiary Family Units in that district shall be the same. For the avoidance of doubt, the Policy Cover Period shall expire on the same date for ALL Beneficiary Family Units that are issued Smart Cards in a district.

#### **Illustrative Example**

If the first Smart Card in a district is issued anytime during the month of October 2016, the Policy Cover Period for that district shall commence from 1st November, 2016. The Policy Cover Period shall continue for a period of 12 months, i.e., upto 31<sup>st</sup>

October 2017 unless the State Nodal Agency has exercised its right to renew the Policy Cover Period in accordance with Section 11.3. If the State Nodal Agency exercises its right to renew the Policy Cover Period, the Policy shall expire not later than the period of such renewal.

However, in the same example, if a Smart Card is subsequently issued in the month of November, 2016, to September, 2017, in the same district, then the risk cover for such Beneficiary Family Unit will commence immediately, but will terminate on 30<sup>th</sup> October, 2017, and prorata premium will be paid if risk cover period is less than 11 months.

Thus, all Smart Cards issued in the district will be entitled to a risk cover under the Base Cover Policy and the Additional Cover Policy for that district. The Policy Cover Period under the Base Cover Policy and the Additional Cover Policy for that district shall commence on 1<sup>st</sup> November, 2016 and expire on 31<sup>st</sup> October, 2017.

- B.** In cases of districts where policy is going on and renewal process needs to be followed:
- i. The Policy Cover Period under the Base Cover Policy for a district shall commence from the first day of the month succeeding the month in which the policy is expiring in the district.
  - ii. Each Beneficiary Family already enrolled shall have further 12 months, or a lesser period if decided by the State Nodal Agency, of risk cover.
  - iii. Enrolments of newly identified beneficiaries (if any) shall have of risk cover from the date of issuance of Smart Card and upto the extended period of policy in that district.
  - iv. Notwithstanding the date of enrolment and issuance of the Smart Cards to the Beneficiary Family Units in a district, the end date of the risk cover for all the Beneficiary Family Units in that district shall be the same. For the avoidance of doubt, the Policy Cover Period shall expire on the same date for ALL Beneficiary Family Units that are issued Smart Cards in a district.

**Illustrative Example**

If the end date of policy in a district is 31st October, 2017, the extended policy shall start from 1st November, 2017; the Policy Cover Period shall continue for a period of 12 months ending on 31st October, 2018, unless the State Nodal Agency has exercised its right to renew the Policy Cover Period in accordance with Section 11.3.



If the State Nodal Agency exercises its right to renew the Policy Cover Period, the Policy shall expire not later than the period of such renewal.

However, in the same example, if a Smart Card is subsequently issued in the month of November, 2017, to September, 2018, in the same district, then the risk cover for such Beneficiary Family Unit will still commence from the issuance of card and will terminate on 31st October, 2018, with prorated premium to be paid if risk cover period is less than 11 months.

The insurance company will have a maximum of 30 days to complete the entire enrolment process in the districts.

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

- Policy end date shall be the same for ALL smart cards in a district
- Policy end date shall be calculated as completion of one year from the date of Policy start for the 1<sup>st</sup> card in a district
- In case of new enrollments, minimum 11 months of policy cover shall be provided to the beneficiary families to claim full premium; otherwise pro-rate premium will be payable.
- For certain categories of beneficiaries as defined by Department of Health & Family Welfare, the policy period may be even less than Nine months and premium could be given for those categories on a pro-rata basis.

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

## **12. ENROLMENT OF BENEFICIARIES**

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

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

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

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

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

### **Process of Enrolment**

The process of enrolment shall be as under:

The Insurer or its representative will download the beneficiaries' data for the selected districts from the "Swasthya Sathi" website [swasthyasathi.wbhealth.gov.in](http://swasthyasathi.wbhealth.gov.in).

The Insurer or its representative will arrange for the 64kb smart cards as per the Guidelines provided in **Appendix 4**. Only latest version of Certified Enrolment Software, as recommended by the State Nodal Agency, shall be used for issuance of smart cards.

The Insurer will commit and place sufficient number of enrolment kits and trained personnel for enrolment in a particular district based on the population of the district so as to ensure enrolment of all the target families in the district within the time period provided. The details about the number of enrolment kits along with the manpower requirement have been provided in **Appendix 9**. It will be the responsibility of the Insurance Company to ensure that enrolment kits are in working condition and manpower as per **Appendix 9** is provided from the 1st day of the commencement of enrolment in the district.

The Insurer shall be responsible for choosing the location of the enrolment stations within each village/urban area that is easily accessible to a maximum number of Beneficiary Family Units.

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.

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.

Insurer will organise training sessions for the enrolment teams (including the FKOs) so that they are trained in the enrolment process.

The Insurer shall conduct awareness campaigns and publicity of the visit of the enrolment team for enrolment of Beneficiary Family Units well in advance of the commencement of enrolment in a district. Such awareness campaigns and advance publicity shall be conducted in consultation with the State Nodal Agency and the district administration in respective villages and urban areas to ensure the availability of maximum number of Beneficiary Family Units for enrolment on the agreed date(s).

List of identified beneficiary families should be posted prominently in the village/ward by the Insurer.

Insurer will ensure supply pre-printed "Chit" mentioning the date, time, and venue of enrolment along with names of all family members available in database to the Block Development Officers at least 7 days prior to start date of enrolment in the Block.

Insurer will place a banner in the local language at the enrolment station providing information about the enrolment and details of the scheme etc.

The enrolment team shall visit each enrolment station on the pre-scheduled dates for enrolment/renewal and/or issuance of smart card.

The enrolment team will collect the photograph and fingerprint data and other required fields on the spot of each member of beneficiary family which is getting enrolled in the scheme.

At the time of enrolment, FKO shall identify the head of the family in the presence of the insurance representative and authenticate them through his/her own smart card/dongle and fingerprint. Ensure that re-verification process is done after card is personalised.

The beneficiary will re-verify the smart card by providing his/her fingerprint so as to ensure that the Smart card is in working condition.

It is mandatory for the enrolment team to handover the activated smart card to the beneficiary at the time of enrolment itself.

The Insurer's representative shall also provide a booklet in the prescribed format along with Smart Card to the beneficiary indicating at least the following: Details about the "Swasthya Sathi" benefits, Process of taking the benefits under "Swasthya Sathi", Start and end date of the insurance policy, List of the empanelled network hospitals along with address and contact details, Location and address of district kiosk and its functions, The names and details of the key contact person/persons in the district, Toll-free number of call centre of the Insurer and Process for filing complaint in case of any grievance.

To prevent damage to the smart card, a good quality plastic jacket should be provided to keep the smart card.

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.

The beneficiaries shall be entitled to cashless treatment in designated hospitals on presentation of the Smart Card after the start of the policy period.

The FKO should carry the data collection form to fill in the details of people protesting against exclusion from the Beneficiary Database. This set of forms should be deposited back at the DKM office along with the FKO card at the end of the enrolment camp.

The Insurer shall upload the daily enrolment data to the server of SNA, preferably real time. The Insurer shall send daily reports and periodic data to both the State Nodal Agency and Department of Health & Family Welfare as per prescribed guidelines.

The biometric data (including photographs & fingerprints) shall also be provided to the State Nodal Agency in the prescribed format with the invoice submitted by the Insurer to the State Nodal Agency.

The digitally signed data generated by the enrolment software shall be provided by the Insurance Company or its representative to DKM on a weekly basis.

### **13. CASHLESS ACCESS SERVICE**

The Insurer has to ensure that all the Beneficiaries are provided with adequate facilities so that they do not have to pay any deposits at the commencement of the treatment or at the end of treatment to the extent as the Services are covered under the Swasthya Sathi. This service provided by the Insurer along with subject to responsibilities of the

Insurer as detailed in this section is collectively referred to as the “**Cashless Access Service.**”

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

## **14. REPUDIATION OF CLAIM**

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

## **15. DELIVERY OF SERVICES BY INTERMEDIARIES**

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

These Intermediaries can be hired for providing two types of services which are given below:

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

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

- I. To manage and operate the Enrolment process;
- II. To manage and operate the empanelment and de-empanelment process;
- III. To manage and operate the District Kiosk;
- IV. 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 “Swasthya Sathi” policy as well as usage of the system;
- V. To manage and operate the Toll Free Call Centre;
- VI. To manage and operate the claim settlement process;
- VII. To conduct field Audit at enrolment stations and hospitals; and
- VIII. To provide IEC and BCC activities, especially for Enrolment.

## **15.2 Non-Government Organizations (NGOs) or other similar Agencies**

The role of such intermediaries would include among others the following:

- I. Providing guidance to the beneficiary households wishing to avail of Benefits covered under the scheme and facilitating their access to such services as needed;
- II. Providing publicity in their catchment areas on basic performance indicators of the scheme;
- III. Providing assistance for the grievance redressal mechanism developed by the insurance company;
- IV. Undertaking on a rolling basis campaigns in villages to increase awareness of the “Swasthya Sathi” scheme and its key features;
- V. Providing any other service as may be mutually agreed upon between the insurer and the intermediary agency.

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

## **16. PROJECT OFFICE AND DISTRICT OFFICE**

Insurer shall establish a separate Project Office at convenient place for co-ordination with the State Government/Nodal agency at Kolkata on a regular basis.

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

- a) **One State Coordinator** – Responsible for implementation of the scheme in the State.
- b) **At least One District coordinator for each of the participating districts**– Responsible for implementation of the scheme in the district. This person should be working full time for “Swasthya Sathi”.
- c) **At least one full time qualified Medical officer** (at least MBBS) per district.

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

- i. **To operate a 24 hour call centre** with toll free help line in local language and English for purposes of handling queries related to benefits and operations of the scheme, including information on Providers and on individual account balances.
- ii. **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.
- iii. **Management Information System** functions, which includes collecting, collating and reporting data, on a real-time basis.
- iv. **Generating reports**, in predefined format, at periodic intervals, as decided between Insurers, State Government/Nodal Agency.
- v. **Information Technology related functions** which will include, among other things, collating and sharing data related to enrolment and claims settlement.
- vi. **Pre-Authorization function** for the interventions as designed by State Nodal Agency.
- vii. **Paperless Claims settlement** for the hospitals with electronic clearing facility within One Month of receiving the claims from the hospitals.
- viii. **Publicity** for the scheme so that all the relevant information related to “Swasthya Sathi” reaches beneficiaries, hospitals etc.
- ix. **Grievance Redressal Function** as explained below in the tender.
- x. **Hospital Empanelment** of both public and private providers based on empanelment criteria. Along with criteria mentioned in this Tender, separate criteria may jointly be developed by State Government/ Nodal Agency and the Insurance Company.
- xi. **Feedback functions** which include designing feedback formats, collecting data based on those formats from different stakeholders like beneficiaries, hospitals etc., and analyzing feedback data and suggest appropriate actions.

- xii. Co-ordinate with district level Offices in each selected district.
- xiii. Co-ordinate 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.

## **17. MANAGEMENT INFORMATION SYSTEMS (MIS) SERVICE**

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

In addition to this, the Insurer shall provide Management Information System reports whereby reports regarding enrolment, health-service usage patterns, claims data, customer grievances and such other information regarding the delivery of benefits as required by the Government. The reports will be submitted by the Insurer to the SNA/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.

## **18. DISTRICT KIOSK**

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

### **Note:**

- i. All the IT hardware for district kiosk will be provided by the Insurance Company but the ownership of these IT hardware will be vested 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, 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.

## 19. CALL CENTER SERVICES

- i. The Insurer shall provide toll free telephone services for the guidance and benefit of the beneficiaries whereby the Insured Persons shall receive guidance about various issues by dialling a State Toll-free number. This service provided by the Insurer is referred to as the “Call Centre Service”.
- ii. The Insurer shall tie up with other Insurance Company in the State to have a common Call Centre. The cost of establishment and running of this call centre for the entire policy period will be shared among the Insurance Companies based on the number of beneficiary families to be enrolled by each Insurance Company.
- iii. The insurance company with highest no. of districts allotted under the scheme will initiate the process and take lead throughout the policy period.

### Call Centre Information

The Insurer shall operate a call centre for the benefit of all Insured Persons. The Call Centre shall function for 24 hours a day, 7 days a week and round the year. Detailed call log with response to be shared in digital format to the State Nodal Agency on the last date of each month. The cost of operating of the Toll-free number shall be borne solely by the Insurer. As a part of the Call Centre Service, the Insurer shall provide all the necessary information about “Swasthya Sathi” or any matter mutually agreed upon to any person who calls for this purpose. The call centre shall have access to all the relevant information of “Swasthya Sathi” and other health related indicators in the State so that it can provide answer satisfactorily. **This shall be SMTP linked SMS gateway.**

### Language

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

### Toll Free Number

The Insurer (jointly) will operate a state toll free number with a facility of a minimum of 5 lines and provision for answering the queries in local language. Each Insurance company selected for a district have to provide at least two manpower exclusively,

to operate 24X7 call centre support. Such Call centre desk may be operational from the office of the SNA or any suitably place mutually agreed upon.

## 20. Insurer to inform Beneficiaries

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

## 21. Grievance Redressal

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

### 21.1 Online Grievance Redressal Mechanism

State Nodal Agency will provide one platform in its website named as "online grievance monitoring" portal in [Swasthyasathi.wbhealth.gov.in](http://Swasthyasathi.wbhealth.gov.in) and all such grievance lodged in the portal to be suitably responded by the respective Insurance companies within 24 Hours.

### 21.2 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:

District Magistrate  (The Commissioner in case of KMC and the Pr. Secy ,GTA, in Case of GTA)	Chairman
Addl. District Magistrate in charge of Swasthya Sathi /DKM	Member
Chief Medical Officer	Member
District Nodal Officer	Convenor
District Heads of the Line Departments	Members
Representative of the Insurance Company	Members
District administration may co-opt more members for this purpose	

### 21.3 State Grievance Redressal Committee (SGRC)

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

Additional Secretary / Principal Secretary/ Secretary of Health & Family Welfare Department handling “Swasthya Sathi”	Chairman
State Nodal Officer for “Swasthya Sathi”/ State Grievance Nodal Officer for “Swasthya Sathi”:	Convenor
DHS or his representative	Member
DME or his representative	Member
Nodal officers from the Line Departments	Members
State Representative of the Insurance Company:	Members

### 21.4 Process of Redressal of Grievances

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

#### A. Grievance of a Beneficiary

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

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

**Grievance against DKM or other District Authorities -** If the beneficiary has a grievance against the District Key Manager (DKM) or an agency of the State Government;

she/he may approach the SGRC in writing for resolution. The SGRC shall decide the matter within 30 days of the receipt of the grievance.

The decision of the SGRC shall be final.

**B. Grievance of a Hospital**

If a hospital has any grievance with respect to a Beneficiary, Insurance Company or their representatives, the Hospital will approach the DGRC in writing with required documents. 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 may approach the SGRC which shall take a decision within 15 days of receipt of Appeal. The decision of the Committee shall be final.

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

The decision of the SGRC shall be final.

**C. Grievance of an Insurance Company**

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

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

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

The decision of SGRC shall be final.

#### D. Grievance against State Nodal Agency/ State Government

Any stakeholder aggrieved with the action or the decision of the State Nodal Agency/State Government can address his/ her grievance to the State Level Implementation Committee, headed by the Chief Secretary to the Government of West Bengal, which shall take a decision on the issue at the earliest. The decision of State Level Implementation Committee shall be final.

## 22. PENALTY AND TERMINATION

A penalty computed on the following lines will be imposed on the Insurance Company for under performance:

Sl No	SLA's	Source of data	Monitoring method	Periodicity	Points criteria
<b>Enrolment Related Activities under SWASTHYA SATHI</b>					
1.	Average Family Size of Enrolled Family should not be less than 4.5.	Based on the enrolment data; each cluster of districts to be validated by Third Party assessment agencies through checks of randomly chosen families	Total number of insured persons divided by the total number of insured Families.	Evaluation at the end of enrolment Period.	<p>If the average family size is between 4 to 4.5 : 2 points</p> <p>If average family size is between 3.6 to 4 : 4 points</p> <p>If the average family size is between 3 to 3.5 : 6 Points</p> <p>If the average family size is less than 3 : 8 points</p>
<b>Settlement of Claims</b>					
2.	Settlement of claims within 30 days	Computed from the claim settlement data in Swasthya Sathi	The ratio of claims amount which have not been paid or rejected	Based on the claim made within 12 months of the	If 10% of claims remain unpaid at the end of 30 days :

		Central Server	within 30 days (from the date of claims raised to the Insurance Company) to the total claims amount made to the Insurance Company.	policy period or pro-rata period of policy.	<p>4 Points</p> <p>If between 10% and 25% of the claims remain unpaid after 30 days : 8 Points</p> <p>If between 25% - 40% of the claims remain unpaid after 30 days : 10 Points</p> <p>If more than 40% of claims remain unpaid after 30 days : 12 Points</p>
<b>Empanelment and De-Empanelment of Health Care Service Providers or Hospitals</b>					
3.	At least 2 hospitals to be empanelled in each block.	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 commencement of policy	<p>Every block where less than 2 hospitals have been empanelled: 5 Points</p> <p>Every District where less than 5 hospitals have been empanelled: 5 Points</p> <p>[Will not apply if no hospitals are available for empanelment as per certificate produced]</p>

<b>Other Issues Related to Enrolment</b>					
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 distribution.	15 days before the commencement of enrolment	IF requisite number of brochures are not printed or shared with the SNA till the start of the enrolment :  2 Points
<b>Setting up of District Kiosk by insurance company</b>					
5.	Set up and operationalize Swasthya Sathi 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 commencement of enrolment	IF not set up 15 days prior to the commencement of enrolment : 5 Points

### 22.1 Performance severity:

<b>Threshold limit</b>	<b>Severity</b>
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

## **22.2 Penalty to be paid for delay in payment of premium by State Nodal Agency**

If the premium is not paid to the Insurance Company within six months of the commencement of policy, interest @ 0.5% of the premium amount for every 15 days' delay beyond 6 months of the start of policy shall be paid by the SNA to the Insurance Company.

## **22.3 In case of termination of the contract following process will be followed:**

**22.3.1** The Policy Cover Period of each of the Policies issued by the Insurer shall terminate on the expiry of the termination notice period, unless the State Nodal Agency has issued a written request to the Insurer before that date to continue providing Cover under the Policies issued by it. The Insurer shall, upon the written request of the State Nodal Agency, continue to provide the Cover under the Policies until such time that the State Nodal Agency appoints a substitute insurer and the cover provided by the substitute insurer commences. The last date of effectiveness of the Policies shall be the **Termination Date**.

**22.3.2** The Insurer will pay back to the Nodal Agency within one week the unutilized amount of premium after settlement.

**22.3.3** The Insurer will pay the total package amount for all the cases for which amount has already been blocked before returning the premium.

**22.3.4** Notwithstanding the termination of the Contract(s), the Insurer shall continue to discharge all of its liabilities in respect of all claims made and any amounts that have been blocked on the Smart Cards on or prior to the Termination Date.

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



### **III. PROCUREMENT, INSTALLATION AND MAINTENANCE OF SMART CARD RELATED**

#### **1. HARDWARE AND SOFTWARE IN EMPANELLED HOSPITALS**

##### **1.1 Public Hospitals**

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

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

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

The Cost of Procurement, Installation and Maintenance of these devices in the public hospitals as mentioned in Appendix 13 will be the responsibility of the Insurance Company.

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

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

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

## 1.2 Private Hospitals

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

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

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

### Note:

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

## 2. STANDARDIZATION OF FORMATS

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

## IV. OTHER TERMS & CONDITIONS

### 1. IEC AND BCC INTERVENTIONS

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

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

### 2. CAPACITY BUILDING INTERVENTIONS

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

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

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

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

### **3. AUDIT MECHANISM:**

#### **3.1 Medical Audit**

The Insurance Company shall carry out regular inspection of hospitals, periodic medical audits, to ensure proper care and counselling for the patient at network hospitals by co-ordinating with hospital authorities. Inspecting officials must put their signature in the inspection book/visitor books maintained by the Hospitals.

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

All authorized persons by the Insurer or the TPA to undertake such medical audit must carry Identity Card issued by the Insurer or the TPA.

#### **3.2 Beneficiary Audit**

For Beneficiaries who have been discharged, the Insurer on a random basis must visit the Beneficiary's residence to confirm the admission and treatment taken from the Empanelled Health Care Provider along with experience with the health care provider; however, such audit should be conducted within 30 days of discharge of the patient from the hospitals.

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

### **4. COMMITMENTS OF STATE GOVERNMENT**

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

- a. Prepare identified beneficiary database in the specified format and uploaded the same 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/Dongle and for downloading of data subsequently from FKO cards/dongle.

- 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.
- e. Further, the district level administration of the State Nodal Agency through DKM shall have the following obligations in relation to enrolment:  
Monitor the participation of FKOs in the enrolment process by ensuring their presence at the enrolment station. Obtain FKO undertaking from each enrolment station as per the uniform format. Provide support to the Insurer in the enrolment in the form of helping them in co-ordinating with different stakeholders at district, block and Panchayat/ municipality/ category level.
- f. Providing assistance to the insurer through district administration and DKM in the preparation of Panchayat/ Municipality/ Corporation-wise village- wise enrolment schedule and with respective owners for each category of beneficiaries.
- g. Providing assistance to the insurer in empanelment of the public and private providers.
- h. Making payment of premium to the Insurer as per defined schedules.
- i. The State Nodal Agency shall have the following obligations in relation to monitoring and control of the implementation of the “Swasthya Sathi”:
  - i. Organise periodic review meetings with the Insurer to review the implementation of the “Swasthya Sathi”.
  - ii. Set up the State Server to store the enrolment and hospitalization data from all the districts meeting the minimum requirements specified at **Appendix 12**.
  - iii. Work with the technical team of the Insurer to study and analyse the data for improving the implementation of the “Swasthya Sathi” Scheme.
  - iv. Conduct periodic evaluation of performance of the “Swasthya Sathi” Scheme.
  - v. Maintain data regarding issuance of FKO cards through the DKM in the specified format.
  - vi. Review the performance of the Insurer through periodic review meetings. In the initial period of the implementation of the “Swasthya Sathi”, this should be done on weekly basis.
  - vii. Run the District Grievance Redressal Cell and the State Grievance Redressal Cell.

- viii. Conduct claims audits and process audits. Periodic Medical audit by the expert Medical Audit team of CMOHs.
- ix. Seek and obtain feedback from Beneficiary Family Units and other stakeholders, including designing feedback formats, collecting data based on those formats from different stakeholders like Beneficiaries, Empanelled Health Care Providers etc., analyzing feedback data and suggest appropriate actions.
- x. Provide rent free space in each of the district for setting up of District Kiosk to the Insurance Company.
- xi. The State Nodal Agency shall ensure that its district level administrations undertake the following activities:
  - 1) Obtain enrolment data downloaded from FKO cards/dongles to the DKMA Server and then reissue the FKO cards/dongles to new FKOs after formatting it and personalising it again.
  - 2) Monitor the enrolment data at DKMA server (as downloaded from FKO cards/dongles) and compare it with data provided by the Insurer to determine the Premium to be paid.
  - 3) Organize health camps for building awareness about “Swasthya Sathi” Scheme.

## **5. 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 they are required to give an undertaking that it will outsource only to such agencies as fulfil the prescribed criteria.

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

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

## **6. COMMITMENTS OF INSURANCE COMPANY**

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

- a) Enter into agreement with other insurance companies working in “Swasthya Sathi” regarding usability of the same Smart Card across India at any of the networked hospital. This will ensure that beneficiary can use his/ her smart card

across the State to get treatment in any of the empanelled health care providers.

- b) Ensuring that hospitals adhere to the points mentioned in section 7.6 of Part II (SchemeFeatures) regarding signages and help desk in the hospital.
- c) Send data related to enrolment, hospitalization and other aspects of the scheme to the State Government at periodic intervals, the frequency of these may be decided later.
- d) Sharing of inter insurance claims in prescribed format through web based interface within defined timelines. Thereafter settling of such inter insurance claims within prescribed timelines of 30 days.
- e) Collecting beneficiary feedbacks and sharing those with State Government/Nodal Agency.
- f) In the districts where scheme is being renewed for the second year or subsequent years thereafter, it will be the responsibility of the Insurance Company, selected for the second year or subsequent years, as the case may be, to ensure that the hospitals already empanelled under the scheme do not have to undertake any expenditure for the transaction software. The concerned insurance company will also ensure that the hardwares installed already in the hospitals are compatible with the new/ modified transaction software, if any.
- g) It will be the responsibility of the incoming insurer to ascertain the details about the existing hardware and software and undertake necessary modifications (if necessary) at their (insurer's) own cost if the hardware is not working because of compatibility. Only in the cases where the hardware is not in working condition or is reported lost, it will be the responsibility of the private hospital to arrange for the necessary hardware

## **7. UNDERTAKING OF INSURER WITH RESPECT TO PROVISION OF SERVICES**

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

A period of 14 days from signature of the Agreement with State Government, with a TPA/ smart card provider, for the purposes of fulfilling various obligations of implementation of "Swasthya Sathi" Scheme as mentioned in section 15.1 of this document.

A period of 21 days from the signature of the Agreement with State Government with the following:

- i) Health Care Providers, for empanelment based on the approved package rates of surgical and medical procedures, as per the terms and conditions outlined in this tender.
  - ii) Such other parties as the Insurer deems necessary to ensure effective outreach and delivery of health insurance under “Swasthya Sathi” Scheme in consultation with the State Nodal Agency.
- B. The Insurer will set up fully operational and staffed district kiosk and server within 15 days of signing the agreement with the State Government/Nodal Agency. State Nodal Agency will provide rent free space in the district for setting-up of district kiosk.
- C. The insurer will necessarily need to complete the following activities before the start of the enrolment in the district:
- i. Empanelment of adequate number of hospitals in each district and updation in the SNA server with all details as required for online empanelment;
  - ii. Setting up of operational District Kiosk and Server;
  - iii. Setting up of toll free helpline;
  - iv. Printing of the booklets which is to be given to the Beneficiaries with the Smart Cards;
  - v. Setting up of the District Server to house complete Beneficiary enrolment and transaction data for that district;
  - vi. Ensuring availability of policy number for the district prior to enrolment.
  - vii. Ensuring that the service providers appointed by it carry out the correct addition of insurance policy details and policy dates, i.e., start and end dates, to the district server.
  - viii. Ensuring that contact details of the nodal officer of the Insurer, the nodal officer of the TPA and the nodal officer of the service provider are updated on the “Swasthya Sathi” website.
  - ix. Insurer will share route chart of the enrolment process 7 (Seven) days prior with SNA.
  - x. Insurer will share SNA with a report of enrolments done on daily basis and weekly report of enrolments containing family analysis.
  - xi. Insurer will share with SNA real time reports of claim data analysis and payment details of various network hospitals.
  - xii. Insurer will confirm that card be delivered on spot to the Beneficiary at the time of enrolment. Insurer will submit a certificate to SNA in this regard along with bill for premium release for that particular month.



- xiii. Insurer will confirm that card be delivered on spot to the Beneficiary at the time of enrolment. Insurer will submit a certificate to SNA in this regard along with bill for premium release for that particular month.

D. 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 with 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-performance or partial performance by such other organizations.

E. Ensure Business Continuity Plan as given hereunder in Clause 8 of Part IV (Other Terms & Conditions) of this document.

## **8. BUSINESS CONTINUITY PLAN**

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

## **9. CLAIM MANAGEMENT**

### **9.1 Payment of Claims and Claim Turnaround Time**

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

The Insurer will ensure that Claim of the hospital is settled and money sent to the registered account of the hospital through NEFT/RTGS within **ONE**

**MONTH** of receipt of claim data by the Insurance Company or their representatives and the same to be updated in the SNA server.

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

In both the cases, i.e., where a claim is either being settled or being investigated, the process shall be completed within ONE MONTH from electronically uploading of the claim.

The counting of days in all the cases will start from the day when claims are uploaded in server received by the Insurance Company or its representative.

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

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.

## **9.2 Appeal and reopening of claims** **Right of**

The Empanelled Provider shall have a right of appeal to approach the Insurer if the Provider feels that the claim is payable. If provider is not agreed with the Insurer's decision in this regard, it may appeal to the District and/or State Level Grievance Redressal Committee as per Clause 21 of Part II (Scheme Features) of this document within 30 days of communication of the decision. 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.

**9.3** Decision taken by the DGRC regarding payment of any rejected/repudiated claim is final and binding upon the insurance company, if no appeal is made to the SGRC within 30 days of communication of the decision by the DGRC along with specific reasons for such appeal. Any subsequent delay in compliance of the DGRC order as stated above will attract penalty of Rs 25000/- per case per 15 days' delay thereof, which shall be paid to the State Nodal agency by the Insurance Company.

## Appendix 1

### Exclusions to the “SWASTHYA SATHI” Policy

#### EXCLUSIONS: (IPD & DAY CARE PROCEDURES)

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

1. **Conditions that do not require hospitalization:** Condition that do not require hospitalization and can be treated under Out Patient Care. Outpatient Diagnostic, Medical and Surgical procedures or treatments unless necessary for treatment of a disease covered under day care procedures will not be covered. All hospitals to provide OPD services to Swasthya Sathi Beneficiaries free of cost with proper documentation.
2. Further expenses incurred at Hospital or Nursing Home primarily for evaluation / diagnostic purposes only during the hospitalized period and expenses on vitamins and tonics etc. unless forming part of treatment for injury or disease as certified by the attending physician.
3. Any dental treatment or surgery which is corrective, cosmetic or of aesthetic procedure, filling of cavity, root canal including wear and tear etc. unless arising from disease or injury and which requires hospitalisation for treatment.
4. **Drug and Alcohol Induced illness:** Diseases / accident due to and or use, misuse or abuse of drugs / alcohol or use of intoxicating substances or such abuse or addiction etc.
5. **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.
6. **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).
7. **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.
8. **Suicide:** Intentional self-injury/suicide.

**EXCLUSIONS UNDER MATERNITY BENEFIT CLAUSE:**

The Insurance 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:

- a)** Expenses incurred in connection with voluntary medical termination of pregnancy are not covered except induced by accident or other medical emergency to save the life of mother.
- b)** Normal hospitalisation period is less than 48 hours from the time of delivery operations associated therewith for this benefit. Pre-natal expenses under this benefit; however, treatment in respect of any complications requiring hospitalisation prior to delivery can be taken care under medical procedures.

## **Appendix 2**

### **List of Day Care Procedures**

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

- Haemo-Dialysis
- CT Scan- Part of the ongoing treatment
- MRI- Part of the ongoing treatment
- Parenteral Chemotherapy
- Radiotherapy
- Eye Surgery
- Lithotripsy (kidney stone removal)
- Tonsillectomy
- D&C
- Dental surgery following an accident
- Surgery of Hydrocele
- Surgery of Prostrate
- Gastrointestinal Surgeries
- Genital Surgery
- Surgery of Nose
- Surgery of Throat
- Surgery of Ear
- Surgery of Urinary System
- Treatment of fractures/dislocation (excluding hair line fracture), Contracture releases and minor reconstructive procedures of limbs which otherwise require hospitalisation
- Laparoscopic therapeutic surgeries that can be done in day care
- Identified surgeries under General Anaesthesia.
- Any disease/procedure mutually agreed upon.

### Appendix- 3

#### A. Provisional/Suggested List for Medical and Surgical Interventions / Procedures In General Ward

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

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

<b>(i). NON SURGICAL(Medical) TREATMENT IN GENERAL WARD</b>	
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. 200 or 300 and any complication while in hospital. Details of what all is included is give in Section 5.2 of Tender document.	<b>Rs. 1500 / Per Day in Grade A Hospitals and Rs 750 in others</b>
<b>(ii) IF ADMITTED IN ICU:</b>	
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. 200 or 300 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.	<b>Rs. 3000 / Per Day in Grade A Hospitals and Rs 1500 in others</b>

<b>(iii) SURGICAL PROCEDURES IN GENERAL WARD (NOT SPECIFIED IN PACKAGE):</b>	
The include the entire cost of treatment of the patient from date of reporting (1 day Pre hospitalisation) to his discharge from hospital and 5 days after discharge, Transport Expenses of Rs. 200 or Rs 300 and any complication while in hospital. Details of what all is included is give in Section 5.2 of Tender document.	<b>To be negotiated with Insurer before carrying out the procedure</b>
<b>(iv) SURGICAL PROCEDURES IN GENERAL WARD</b>	
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 Rs. 200 or 300 and and any complication while in hospital. Details of what all is included is give in Section 5.2 of Tender document.	<b>Please refer Package Rates in the following table</b>

#### **B. PACKAGE RATE FOR INPATIENT/HOSPITALISATION**

(Attached Separately)

<b>Type Of Hospital</b>	<b>Number of Packages fixed by State Level Expert Group</b>
Grade A Hospitals	1499
Grade B Hospitals	1414
Grade C Hospitals	296
Packages under Assurance Mode	101



## Appendix 4

### Guidelines for Smart Card and other IT Infrastructure

#### Under “SWASTHYA SATHI”

##### 1. Introduction:

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

While the services are envisaged by various agencies, the ownership of the project and thereby that of complete data – whether captured or generated as well as that of smart cards lies with the Government of West Bengal, Department of Health and Family Welfare.

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

- Allow verifiable & non repudiable identification of the health insurance beneficiary at point of transaction.
- Validation of available insurance cover at point of transaction without any document
- 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. Enrolment station

###### 2.1. Components

Though three separate kinds of stations have been mentioned below, it is possible to club all these functionalities into a single workstation or have a combination of workstations perform these functionalities (2 or more enrolment stations, 1 printing station and 1

issuance station). The number of stations will be purely dependent on the load expected at the location.

The minimum requirements from each station are mentioned below:

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

**a. Common components**

- I. Windows 7 or higher (all service packs) or above
- II. MS Sql Server
- III. Certified enrolment, personalisation & issuance software
- IV. Data backup facility

**b. Enrolment station components**

- I. Computer with power backup for at least 8 hours
- II. 1 Optical biometric scanner for fingerprint capture
- III. 1 VGA camera for photograph capture

**c. Personalisation station components**

- I. Computer with power backup for at least 8 hours
- II. 1 PCSC compliant smart card readers (for FKO card & split card)
- III. Smart card printer with smart card encoder

**d. Issuance station components**

- i. Computer with power backup for at least 8 hours
- ii. 1 PCSC compliant smart card readers (1 for FKO card, 1 for Beneficiary card,)
- iii. 1 Optical Fingerprint scanner (for verification of FKO & beneficiary)

**2.2. Specifications for hardware**

**a. Computer**

Windows 7 or higher (all service packs) or above [32 bit] and

Capable of supporting all devices as mentioned above

**b. Fingerprint Scanner**

The Fingerprint capture device at enrolment as well as verification should be single finger type. Kindly refer to the document “fingerprint\_image\_data\_standard\_ver.1.0 (2)” through the website [www.egovstandards.gov.in](http://www.egovstandards.gov.in). All specifications confirming to

“Setting level 31” would be applicable for “SWASTHYA SATHI” related enrolment and verification. The images should be stored in png format. It is advisable that the best practices suggested in the document should be followed.

**c. Camera**

- Sensor: High quality VGA
- Still Image Capture: min 1.3 megapixels (software enhanced). Native resolution is 640 x 480
- Automatic adjustment for low light conditions

**d. Smart Card Reader**

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

**e. Smart card printer**

- Supports colour dye sublimation and monochrome thermal transfer
- Edge to edge printing standard
- Prints at least 150 cards/ hour in full colour and up to 750 cards an hour in monochrome
- Minimum printing resolution of 300 dpi
- Automatic and manual feeder for card loading
- USB Connectivity
- Printer Should have hardware/software protection to disallow unauthorized usage of Printer
- Inbuilt encoding unit to personalize Contact cards in a single pass
- Compatible to microprocessor chip personalization
- Smart card printing ribbon as required

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

**3. Smart Cards**

**3.1. Specifications for Smart Cards**

Card Operating System shall comply with SCOSTA standards ver.1.2b with latest addendum and errata (refer web site <http://scosta.gov.in>). The Smart Cards to be used must have the

valid SCOSTA Compliance Certificate from National Informatics Center, New Delhi (refer <http://scosta.gov.in>). The exact smart card specifications are listed as below:

- **SCOSTA Card**

- a) Microprocessor based Integrated Circuit(s) card with Contacts, with minimum **64 Kbytes** available EEPROM for application data or enhanced available EEPROM as per guidelines issued by DoH&FW.
- b) Compliant with **ISO/IEC 7816-1,2,3**
- c) Compliant to **SCOSTA 1.2b Dt. 15 March 2002** with latest addendum and errata
- d) Supply Voltage 3V nominal.
- e) Communication Protocol T=0 or T=1.
- f) Data Retention minimum 10 years.
- g) Write cycles minimum 100,000 numbers.
- h) Operating Temperature Range –25 to +55 Degree Celsius.
- i) Plastic Construction PVC or Composite with ABS with PVC overlay.
- j) Surface – Glossy.

### 3.2. Card layout

The detailed visual & machine readable card layout including the background image to be used is available on the website [www.wbhealth.gov.in](http://www.wbhealth.gov.in). It is mandatory to follow these guidelines for physical personalization of the “Swasthya Sathi” beneficiary card.

For the chip personalization, detailed specification has been provided in the “Swasthya Sathi” KMS document available on the website [www.wbhealth.gov.in](http://www.wbhealth.gov.in). Along with these SNA has issued specific component for personalization. It is mandatory to follow these specifications and use the prescribed component provided by SNA.

### 3.3. Cardholder authentication

- The cardholder would be authenticated based on their finger impression at the time of verification at the time of transaction
- The authentication is 1:1 i.e. the fingerprint captured live of the member is compared with the one stored in the smart card.

- In case of new born child, if mother is enrolled under “SWASTHYA SATHI”, the child shall be authenticated through fingerprint of any of the enrolled members on the card.
- In case of fingerprint verification failure, verification by any other authentic document or the photograph in the card may be done at the time of admission. By the time of discharge, the hospital/ smart card service provider should ensure verification using the smart card.

#### **4. Software**

The insurer must use only the SNA approved & certified enrolment software and Card. Software for conducting transactions at hospitals and managing any changes to the cards at the District kiosk will be the one provided/authorised by SNA, WB. In addition, the Insurer would have to provide all the hardware and licensed software (database, operating system, etc) required to carry out the operations as per requirement at the agreed points for enrolment and card issuance. For the transaction points at hospitals and District kiosk, the cost would be borne as per terms of the tender.

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

#### **5. Mobile Handheld Smart Card Device**

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

These devices could be used for

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

##### **The main features of these devices are:**

- Reading and updating microprocessor smart cards
- Fingerprint verification
- They should be programmable with inbuilt security features to secure against tampering.
- Memory for data storage
- Capable of printing receipts without any external interface

- Capable of data transfer to personal computers and over GPRS, phone line
- Secure Application loading – Application loading to be secure using Public KEYS
- Rechargeable batteries

#### **Specifications**

- At least 2 Full size smart card reader and one SAM slot
- Display
- Keypad for functioning the application
- Integrated Printer
- Optical biometric verification capability with similar specifications as mentioned for Fingerprint scanners above in the hardware section
  - Allowing 1:1 search in the biometric module
  - Capability to connect to PC, telephone, modem, GPRS or any other mode of data transfer
  - PCI Compliance

#### **6. PC based Smart Card Device**

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

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

#### **6.2. Smart card readers**

2 Smart card readers would be required for each device, one each for hospital authority and beneficiary card which should be

- 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.