

SCOPE OF WORK

The scope of work shall be defined by The OICL in SLA. The following scope of work is indicative in nature and The OICL reserves the right to define it decisively as per **Tender Documents for Selection of Insurance Company for the implementation of “PMJAY-MA Yojana” as issued by SHA for 33 district of Gujarat.**

District-wise profile of the identified families is given below:

Sr.No	Name of District	No. of AB-PM JAY, MA and MAV Active Beneficiary Family Units eligible for cover under the Scheme
1	Ahmadabad	669421
2	Amreli	259592
3	Anand	221889
4	Bhavnagar	243732
5	Botad	75664
6	Devbhumi Dwarka	65104
7	Gir Somnath	187359
8	Jamnagar	187711
9	Junagadh	251203
10	Kheda	271485
11	Kachchh	196961
12	Morbi	113011
13	Porbandar	85135
14	Rajkot	457763
15	Surendranagar	243890
16	Arvali	139866
17	Banas Kantha	348486
18	Bharuch	234933
19	Chhotaudepur	158966
20	Dohad	247841
21	Dang	49101
22	Gandhinagar	175769
23	Mahisagar	155533
24	Maheana	354709
25	Narmada	119569
26	Navsari	173309
27	Panch Mahals	186018
28	Patan	229666
29	Sabar Kantha	252861
30	Surat	504032
31	Tapi	133418
32	Vadodara	302554
33	Valsad	209839
	Grand Total	7506390 *

Note * Approximately

- Beneficiary enrolment is a continuous process and are to be covered under the policy.

The TPA will work as a facilitator between the AB- PMJAY, MA and MAV Beneficiary Family and the health providers and coordinate with various agencies of the State and Central Govt. including nodal agencies. For details about the Scheme including risk cover, benefit packages and procedures covered, proposed roles and responsibilities of the Insurer(In tern to TPA) and all other relevant details, refer to all Volumes of Tender Documents for Selection of Insurance Company, all amendments, modifications, addendums, annexures and all parts of the AB-PMJAY, MA & MAV Scheme as issued by SHA.

All the service related work and financial obligation entrusted to OICL by virtue of tender documents issued by SHA and MOU signed between SHA and OICL shall have to be borne by TPA including but not limited to Identification of AB- PMJAY, MA and MAV Beneficiary family units, coordination with EHCP, cashless access of services, Pre – authorization, portability, claim service management, fraud control and Management, Setup of project office, district office and manpower, MIS, Monitoring and control, bearing of penalties, reporting requirements, Grievance Redressal, Confidentiality of information and Data protection.

The scope of work of TPA includes : -

1. Identification and Approval of AB-PMJAY-MA/MAV Beneficiary Family Units:

TPA have to setup beneficiary Identification and approval team on fixed service level agreement on turnaround time.

Every Beneficiary Identification and Verification request generated from EHCPs and the enrolment kiosks shall be carried out by TPA (through NHA empanelled crowdsourcing agencies) and who will issue an 'e-card' to the verified PMJAY-MA Beneficiary as per BIS Guidelines provided under Schedule 4 (Schedule of Insurance Contract as issued by SHA for selection of Insurance Company for the implementation of PMJAY –MA Yojana). The role of TPA is only for approval of e-cards based upon the documents provided. In case of any issue, the TPA shall only recommend for rejection for e-card request to the SHA. Decision to reject an E-card shall rest only with SHA based on the SHA's due diligence.

2. Empanelment & Agreement with Empanelled Health Care Providers/Hospital :

- a) The TPA shall make sure that claims of Empanelled Health Care Provider are reimbursed under the AB- PMJAY, MA and MAV based on Package Rates as mentioned in tender documents issued by SHA.
- b) As a part of the Agreement, the TPA shall ensure that each EHCP has within its premises the required IT infrastructure (hardware and software) as per the AB-PMJAY, MA and MAV guidelines. All Public and Private EHCPs shall be responsible for all costs related to hardware and maintenance of the IT infrastructure. The EHCPs may take TPAs support may be sought for procurement of such hardware by the EHCPs, however the ownership of all such assets, hardware and software along with its licenses, shall irrevocably vest with the EHCP.
- c) Notwithstanding a suspension or de-empanelment of an EHCP, the TPA shall ensure that it shall honour all Claims for any expenses that have been pre-authorised or are legitimately due before the effectiveness of such suspension or de-empanelment as if such de-empanelled EHCP continues to be an EHCP.
- d) Detailed guidelines regarding empanelment of health care providers are provided at Schedule 5 (Schedule of Insurance Contract as issued by SHA for selection of Insurance Company for the

implementation of PMJAY –MA Yojana).

3. Cashless Access of Services

- a) The TPA shall make sure that EHCP is reimbursed as per the package cost specified in tender documents issued by SHA agreed for specified packages or as pre-authorised amount in case of unspecified packages.
- b) The TPA shall ensure that each EHCP shall at a minimum possess the Hospital IT Infrastructure required to access the AB-PMJAY, MA and MAV Beneficiary Database and undertake verification based on the Beneficiary Identification process laid out, using unique AB-PMJAY, MA and MAV Family ID on the AB-PMJAY, MA and MAV Card and also ascertain the balance available under the AB-PMJAY, MA and MAV Cover provided by the OICL.
- c) The TPA shall provide each EHCP with an operating manual describing in detail the verification, pre-authorisation and claims procedures within 5 days of signing of agreement.
- d) The TPA shall train Ayushman Mitras that are deputed in each EHCP who responsible for the administration of the AB-PMJAY, MA and MAV on the use of the Hospital IT infrastructure for making Claims electronically and providing Cashless Access Services.

4. Pre-authorisation of Procedures

- a) The TPA shall ensure that in all cases pre-authorisation request related decisions are communicated to the EHCP as per TAT mentioned in Schedule 12.B.2 of the tender document. If there is no response from the TPA within prescribed TAT of EHCP filing the pre-authorisation request, the request of the EHCP shall be deemed to be automatically authorised and shall affect performance KPIs mentioned in the tender document.
- b) TPA will also process the pre-auths/claims of above Rs.1.0 lakhs up to Rs.5.0 lakhs under PMJAY-MA Yojana and will submit it to the OICL so that OICL may onward transmit above claims to SHA for its payment at their end. TPA will not be eligible for any administrative or claim processing fees/service charges for the same. It will be the TPA's responsibility to do the field investigation, verification and desk medical audit of these claims and will adhere to the NHA/SHA guidelines issued from time to time in this regard. TAT & KPI will also be applicable for pre-auths/claims of above Rs.1.0 lakhs up to Rs.5.0 lakhs.

5. Portability of Benefits

- c) The TPA is required to process claims from empanelled hospital under the scheme within India and will settle claims within 20 days of receiving them. (Exclusion :- Any software error).

6. Claims Management

For detailed scope of work of TPA refer **to all Volumes of Tender Documents for Selection of Insurance Company, all amendments, modifications, addendums, annexures and all parts of the AB-PMJAY, MA & MAV Scheme as issued by SHA.**

The following TAT is to be followed :

E-notification of rejection shall be issued to the State Health Agency and the Empanelled Health Care Provider within 7 days (20 days for Portability Cases) of receipt of the electronic Claim.

The process specified in tender document issued by SHA in relation to Claim Payment or investigation of the Claim shall be completed such that the Turn-around Time shall be no longer than 7 days.

Scrutiny, Claim processing and payment of the claims : Action within 7 days of claim submission for claims within state and 20 days & for claims from outside state (Portability cases).

7. Fraud Control and Management

- a) The TPA is expected to have the capability of develop a comprehensive fraud control system for the scheme which shall at the minimum include regular monitoring, data analytics, e-cards audit, medical audit, field investigation, hospital audit, corrective action etc. It shall comply with provisions of PMJAY, MA and MAV Anti-Fraud Guidelines and Advisories as issued time to time. TPA shall investigate minimum 15% of claims reported in a Financial Year.
- b) For an indicative (not exhaustive) list of fraud triggers that may be automatically and on a real-time basis be tracked as provided in Schedule 13 of tender document issued by SHA. The TPA shall have capacities and track the indicative (not exhaustive) triggers and it can add more triggers to the list.
- c) For all trigger alerts related to possible fraud at the level of EHCPs, the TPA shall take the lead in immediate investigation of the case in close coordination and under constant supervision of the SHA.
- d) Investigations pursuant to any such alert shall be concluded within 05 days
- e) The TPA shall be responsible for monitoring and controlling the implementation of the AB-PMJAY, MA and MAV in the State in accordance with Clause 23 of the tender document issued by SHA.

8. Project Office and District Offices and Manpower

- a) The TPA shall establish a Project Office at a convenient place at Gandhinagar for coordination with the SHA/OICL on a regular basis within 15 days which has sufficient sitting capacity to accommodate the manpower stated in the tender.
- b) **TPA shall setup dedicated call center at Gandhinagar exclusive for this scheme.**
- c) The TPA shall set up an office in each of the districts of the State of Gujarat at the district headquarters of such district (each a District Office) within 15 days.
- d) In addition to the support staff for other duties, the TPA shall recruit or employ experienced and qualified personnel exclusively for the purpose of implementation of the AB-PMJAY, MA and MAV and for the performance of its obligations and discharge of its liabilities under the Contract. Detailed list of staff to be provided by TPA is provided under Point No 17 - Manpower requirement of Appendix B. All such staff should be dedicated for servicing this scheme and should be stationed at project office at Gandhinagar.
- e) The TPA shall provide a list of all such appointments and replacement of such personnel to OICL within 20 days of all such appointments and replacements. The TPA shall ensure that its employees coordinate and consult with the OICL's corresponding personnel for the successful implementation of AB-PMJAY, MA and MAV.
- f) The TPA shall complete the recruitment of such employees within 15 days.
- g) Maintenance of call center and manpower requirement as mentioned in the tender document issued by SHA and tender document issued by OICL shall be responsibility of TPA.

9. Plan for Provision of Services in the Absence of Internet Connectivity

The TPA agrees that if, in the implementation of the Scheme and use of the prescribed technology and systems, there is an issue causing interruption in the provision of Cashless Access Services, the TPA shall:

- a) make all efforts to put in place an alternate mechanism to ensure continued provision of Cashless Access Services to the AB-PMJAY, MA and MAV Beneficiaries;
- b) take all necessary measures to fix the technology or related issues to bring the Cashless Access

Services back onto the online platform within the earliest possible time in close coordination with the SHA; and

- c) furnish all data/information in relation to the cause of interruptions, the delay or other consequences of interruptions, the mitigating measures taken by the TPA and any other related issues in the format prescribed at that point in time.

10. Management Information System (MIS)

- a) The TPA shall maintain a MIS dashboard that will act as a visual interface to provide at-a-glance views on key ratios and measures of data regarding the implementation of the Scheme.
- b) The TPA shall update the information on the MIS dashboard real time and shall provide the SHA and OICL and any number of authorized representatives of the SHA and OICL or its advisors/ consultants with access to the various modules on the MIS dashboard.
- c) In addition, the TPA shall submit reports to the OICL regarding health-service usage patterns, data and such other information regarding the delivery of benefits as may be required by the OICL on a monthly basis.
- d) In addition, the TPA shall be responsible for submitting such other data and information as may be requested by the OICL/ SHA and/ or to the NHA and to submit such reports in formats as required by and specified by the OICL/ SHA from time to time.

11. Scope of Monitoring

- a) Monitoring shall include but not be limited to:
 - i. Overall performance and conduct of the TPA.
 - ii. Claims management process.
 - iii. Grievance redressal process.
 - iv. Fraud control process
 - v. Any other aspect/ activity of the TPA related to the implementation of the Scheme.
- b) Monitoring Activities to be undertaken by the TPA :-

Under the AB-PMJAY, MA and MAV, the TPA shall monitor the entire process of implementation of the Scheme on an ongoing basis to ensure that OICL meets its obligations under its Insurance Contract with the SHA. Towards this obligation the TPA shall undertake, but not be limited to, the following tasks:

- a. Ensure compliance to all the terms, conditions and provisions of the Scheme.
- b. Ensure monitoring of processes for seamless access to cashless health care services by the AB-PMJAY, MA and MAV, beneficiaries under the provisions of the Scheme.
- c. Ensure monitoring of processes for timely processing, management and payment of all claims of the EHCPs.
- d. Ensure monitoring of processes/transactions/entities for fraud control
- e. Ensure fulfilment of minimum threshold levels as per the agreed Key Performance Indicators (KPIs) laid down in Schedule 12 of tender document issued by SHA.
- f. Ensure compliance from all its sub-contractors, vendors and intermediaries hired/ contracted by the TPA under the Scheme for the fulfilment of its obligations.

- c) Measuring Performance

- i. Performance shall be measured as per timeline and threshold mentioned.
- ii. Indicator performance results shall be reviewed in the monthly and/or quarterly review meetings and reasons for variances, if any, shall be presented by the TPA.
- iii. TPA shall pay OICL all penalties imposed by the SHA/NHA in line with KPIs mentioned in Schedule 12 on the Insurer within 10 days of receipt Penalty Notice from OICL.
- iv. Failure to pay penalty within the timeline will invite penal interest on the penalties
- v. If the TPA fails to pay Penalty within 90-day period and/ or the default interest thereon, OICL shall be entitled to recover such amount along with applicable interest, if any, as a debt due from the TPA.
- vi. Also, based on the review, OICL shall have the right to issue rectification orders demanding the performance to be brought up to the levels desired as per the AB-PMJAY, MA and MAV Guidelines.
- vii. Along with monitoring of KPIs, OICL may issue rectification orders to TPA. All such rectifications shall be undertaken by the TPA within 20 days of the date of issue of such Rectification Order unless stated otherwise in such Order(s).
- viii. At the end of the rectification period, the TPA shall submit an Action Taken Report with evidences of rectifications done to OICL.
- ix. If OICL is not satisfied with the Action Taken Report, it shall call for a follow up meeting with the TPA and shall have the right to take appropriate actions within the overall provisions of the Contract between OICL and the TPA.

12. Reporting Requirements

The TPA shall submit all reports mandated by SHA/NHA/ OICL.

13. Grievance Redressal

Details of Grievance Redressal mechanisms and guidelines are published and revised by NHA from time to time, TPA ensure adherence to these guidelines while conducting grievance redressal.

14. Confidentiality of Information and Data Protection

TPA will treat any and all such information which has come to the knowledge of the TPA that may relate but not be limited to AB- PMJAY, MA and MAV scheme, Disclosing Party's business, operations, financials, services, facilities, processes, methodologies, technologies, intellectual property, trade secrets, this agreement and/or its contents, research and development, trade names, Personal Data, Sensitive Personal Data, methods and procedures of operation, business or marketing plans, licensed document know-how, ideas, concepts, designs, drawings, flow charts, diagrams, quality manuals, checklists, guidelines, processes, formulae, source code materials, specifications, programs, software packages/ codes, clients and suppliers, partners, principals, employees, consultants and authorized agents and any information which is of a manifestly confidential nature (including the AB PMJAY, MA and MAV Scheme) , that is supplied by Disclosing Party to the TPA or otherwise acquired/ accessed by the TPA during the course of dealings between the Parties or otherwise in connection with the scope of this Agreement

15. Intellectual Property Rights

TPA undertakes to disclose all such Intellectual Property Rights, to the best of its knowledge and understanding, arising in performance of the services of this Agreement to the OCIL.

16. Commitments

- The OICL has made commitments as per the Tender Document for Selection of Insurance Company for Implementation of AB- PMJAY, MA and MAV of GoG, copy attached. It shall be the Full responsibility of the TPA to ensure that the functions and standards as committed in the MOU are fully met. Any Penalty on the OICL for not servicing the Scheme will be sole responsibility of TPA.
- The TPA will undertake each and every job on behalf of The OICL, whether mentioned in the scope of work or not, entrusted by the GoG/Gol, in connection with the above scheme. In other words, all the required jobs of The OICL connected with the above scheme as entrusted by the State Govt. and Central Govt, from time to time, should be discharged by the TPA with the full satisfaction of all concern. For clarity, the TPA may study the Documents highlighting the job of the intermediaries, health providers and the insurance company, prepared by the Ministry of Health and Family Welfare, Govt. of India, available at their website and also the Tender Document for Selection of Insurance Company for Implementation of AB- PMJAY, MA and MAV of GoG, attached.

17. INFRASTRUCTURE, IT & MANPOWER REQUIREMENT:

- The TPA will set up project office/ State level office at Gandhinagar immediately after award of work order and office at each district level within 15 days of issuance of work order.
- TPA shall setup dedicated call center at Gandhinagar.
- All such staff should be dedicated for servicing this scheme and should be stationed at project office at Gandhinagar.
- The TPA will recruit or employ sufficient number of experienced and qualified personnel exclusively for the purpose of implementation of the AB- PMJAY, MA and MAV and for the performance of issuance of work order. its obligations and discharge of its liabilities under the contract, within 10 days from the issuance of work order.

Minimum Manpower Requirements

The TPA shall ensure that it shall at all times during the Tenure of the Contract, maintain at a minimum, the following number of Personnel having, at a minimum, the prescribed qualifications and experience:

SN	Designation	Numb er	Location	Minimum Qualification and experience	Brief Roles and Responsibilities
1	State Project Manager	1	SPO of TPA	Post Graduate with minimum 10	<ul style="list-style-type: none"> • Overall coordinator of TPA operations in the state

				years' experience in any community based health insurance scheme.	<ul style="list-style-type: none"> Single contact point for OICL for any coordination purpose
2	Deputy State Project Manager	1	SPO of TPA	Graduate with minimum 5 years' experience in any community based health insurance scheme.	<ul style="list-style-type: none"> To Assist State Project Manager Coordinator of TPA operations in the state Single contact point for OICL for any coordination purpose (If Project Manager is on leave)
3	State Medical Manager	1	SPO of TPA	Master of Surgery Degree in General Surgery or other relevant specialties will be preferable.	<ul style="list-style-type: none"> Overall supervision and guidance to be provided to CPDs and PPDs
4	State Operations Coordinator	1	SPO of TPA	Post Graduate with minimum 5 years experience in any community base health insurance scheme.	<ul style="list-style-type: none"> Coordinate
5	District Coordinator	1 Each District	Office of District Nodal Officer PM JAY	Graduate with an experience of more than 5 years in any community base health insurance scheme.	<p>Role of District Coordinator</p> <ul style="list-style-type: none"> To coordinate and ensure smooth implementation of the Scheme in the district. To follow up with the EHCP to ensure that the IT infrastructure installed is fully functional at all times. Liaise with the district officials of the SHA to addressing operational issues as and when they arise. Liaise with the District Grievance Redressal Cell for resolving all complaints.
6	PPD	100-120 Pre-authorization request per day	SPO of TPA/Centrally located	MBBS, Master of Surgery Degree in General Surgery or other relevant specialties (at least 25% of CPD)	<ul style="list-style-type: none"> Approve/assign/reject pre-auth request Raise query/send for clarification to hosp. Trigger investigation

		per person			
7	CEX	100-120 per claims processing per person	SPO of TPA/Centrally located	Graduate	<ul style="list-style-type: none"> • Verification on non technical documents, reports, dates verification • Forward case to CPD for processing with inputs
8	CPD	70-100 claims per person per day	SPO of TPA/Centrally located	MBBS and Master of Surgery Degree in General Surgery or other relevant specialties (at least 25% of CPD)	<ul style="list-style-type: none"> • Verification of technical information eg. Diagnosis, clinical treatment, notes, evidences, etc. • Approve/assign/reject a claim • Raise query/as for clarification • Trigger investigation
9	Fulltime medical Auditors	1 per cluster	1 each in region (Ahmedabad , Gandhinagar , Rajkot, Bhavnagar, Vadodara, Surat region)	Master of Surgery Degree in General Surgery or other relevant specialties will be preferable	<ul style="list-style-type: none"> • Coordinate and conduct required periodical audit • Finalize and submit audit report for the district/cluster to the state headquarter for finalization of state wise periodical audit
10	Empaneled medical auditors	As per requirement (No need to be on payroll but can be ad hoc staff)	1 each in region (Ahmedabad , Gandhinagar , Rajkot, Bhavnagar, Vadodara, Surat region)	Post Graduate Qualification in Medicine (M.D. or M.S.)	<ul style="list-style-type: none"> • Support conducting medical audits
11	Empaneled Hospital Auditors	As per requirement (No need to be on payroll)	1 each in region (Ahmedabad , Gandhinagar , Rajkot, Bhavnagar, Vadodara,	Post Graduate Qualification in Medicine (M.D. or M.S.)	<ul style="list-style-type: none"> • Support conducting hospital audits

		<i>I but can be ad hoc staff)</i>	Surat region)		
12	Specialist Doctors			Oncologist Orthopaedist Urologist Similar specialist doctors on need basis	For Regular Work in their specialization.
13	MBBS Doctors	3	SPO of TPA/Centrally located	MBBS	Above doctors will be for Audit Purpose and will directly report to The OICL, Regional Office Ahmedabad.
14	MIS - OIC	1	OICL Office	* Graduate with Good knowledge of MS Excel. * 2 Year experience of the community based health insurance scheme.	To assist OICL in daily working and data related activity.
15	Grievance officer		1 each in region (Ahmedabad , Gandhinagar , Rajkot, Bhavnagar, Vadodara, Surat region)	BAMS/ BHMS	For handling grievances of Hospitals. DGRC/SGRC
16	BIS Executive	As per requirement	SPO of TPA/Centrally located		For E-Card Verification and Approval.
17	Executive having IT Background	2	SPO of TPA/Centrally located		For Handling IT related work

Note :-

- 1) At any time before appointment or after appointment, OICL can ask for submission of bio data, proof of educational qualification, experience certificates, pay slip, paid by TPA or any other documents relevant to manpower utilization.
- 2) No any two post/designation should be held by any one person at any given time and if it is found, it will be a service level default.
- 3) TPA will allot their SIM cards to their all manpower including CPD,PPD & CEX. In other words TPA will ensure that all the persons employed by the TPA while discharging their official duty will use allotted SIM card issued in the name of TPA only.

- 4) All the SIM CARDS should be post paid only.
 - 5) TPA will ensure that all the persons employed by the TPA while discharging their official duty will use TPAs official mail ids only. No any private mail ids will be accepted for any user even for CPD/PPD/CEX.
 - 6) Requirement of number of manpower in PPD, CPD, CEX, & BIS may increase/decrease as per requirement. But in no circumstances any PPD,CPD,CEX & BIS will do work more than as per above manpower requirement. Means if anyone PPD attends more than 100-120 pre-auth on daily basis, then quality of work will decrease. Same principle applies for CPD,CEX and others. Therefore TPAs will employ sufficient manpower to maintain quality of work.
- TPA will Oversee/ Maintain IT infrastructure in EHCPs including training of EHCP staff on the same
 - Where the policy is being renewed for the second year or the subsequent year thereafter, it will be the responsibility of the TPA, to ensure that the hospitals already empanelled under the Scheme do not have to undertake any expenditure for the transaction software. The TPA will also ensure that the existing and new hardware installed in the EHCPs is compatible with the new / modified transaction software, if any.
 - It will be the responsibility of the TPA to ascertain the details about the existing hardware and software and undertake necessary modifications (if necessary) at their (TPA) own cost if the hardware is not working because of compatibility.
 - Only in the case where the hardware is not in working condition or is reported lost, it will be responsibility of the private hospital to arrange for the necessary hardware.
 - TPA will have to ensure that the EHCPs should have infrastructure to read and manage smart card transaction and provide paperless service through electronic communication. Their payment will be through E-Transfer.

18. TAT

Uniform Turnaround Time (TAT)

The TAT various components for reminders and timely payments are as follows.

18.1 TAT for Private EHCP :-

SN	Activities	TAT	Action
1	Pre-Auth Initiation after Patient Registration (BY EHCP)	48 Hrs. post registration	Reminder after 24 hours. Auto rejection shall be initiated once rejection due to non-initiation Pre-authorizations
2	TAT for pre-authorization Request	3 Hrs.	Auto approval after 3 hours
3	Response on PPD Query (By EHCP)	24 Hrs.	Reminders after 24 th hour, 48 hours, Auto reject after 72 hours due to non-submission of PPD Query. The rejected claim can be revoked by SHA on receiving proper justification from EHCP post 72 hours.
4	Claim submission after Discharge (By EHCP)	To submit ASAP but not later than 7 days post discharge. above 7 th day-up to 21st days with SHA's	First auto Reminders would be sent after 1 th day and 3rd day and final auto reminder would be sent after 5 th day of Discharge. Claim beyond 7 days will move to SHA

		approval, Above 21 days-up to 45 days with CEO SHA's approval Beyond 45 days-not admissible	bucket. For reconsideration up to 21 days, Medco shall raise reconsideration request quoting reasons for delay Claim beyond 21 days will move to CEO SHA's bucket. For reconsideration up to 45 days, Medco shall raise consideration quoting reasons for delay.
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18.2 TAT for Public EHCP :

SN	Activities	TAT	Action
1	Pre-Auth initiation after Patient Registration (By EHCP)	72 hours post registration	Reminders after 24 hours and 48 hours. Auto rejection after 72 hours. New registration shall be initiated once rejection due to non-initiation Pre-authorizations
2	TAT for pre-authorization Request	3 Hrs	Auto approval after 3 hours
3	Response on PPD Query (By EHCP)	To submit ASAP but not later than 5 days	Reminders after 1 st day, 3 rd day and 4 th day. Auto reject after 5 days due to non-submission of PPD Query. The rejected claim can be revoked by SHA on receiving proper justification from EHCP post 5 days.
4	Claim submission after Discharge (By EHCP)	To submit ASAP but not later than 15 days post discharge above 15 th day-up to 30 days with SHA's approval, Above 30 days-up to 60 days with CEO SHA's approval Beyond 60 days-not admissible	First auto Reminders would be sent after 5 th day and 7 th day and final auto reminder would be sent on 12 th day of Discharge. Claim beyond 15 days will move to SHA bucket. For reconsideration up to 30 days, Medco shall raise reconsideration request quoting reasons for delay Claim beyond 30 days will move to CEO SHA's bucket. For reconsideration up to 60 days, Medco shall raise consideration quoting reasons for delay.
			If TPA fails to submit audit report in reporting quarter, then it will be considered as one instances of SPD triggers.

18.3 Key Performance TAT Indicators :-

SN	Summary of Key Performance Indicators
A.	Initial Setting up - KPIs
B.	Performance - KPIs
C.	Audit Related - KPIs
D.	Productivity - KPIs

18.3A. Initial Setting up KPIs

SN	KPIs	Timeline	Measure and Explanation	Penalty
1.	Setting up of a State Project Office (SPO) and Appointment of Project Head and other Staff (As per Schedule F) at SPO for co-ordination and Scheme implementation	Up to 10 days after signing of Insurance Contract.	Within 10 days of signing of the contract, TPA shall establish SPO with required staff and submit the sworn undertaking of the same to OICL <ul style="list-style-type: none"> Establishment of the State Project Office Appointment of State Project Head Appointment of other required staff 	Rs. 25,000 per week of delay beyond and part thereof in setting-up* SPO as required
2.	Appointment of District Coordinator (DC) for each district	10 days after signing of Insurance Contract.	Latest by 30 th Day of signing of the contract, T shall appoint the District Coordinator for each district/cluster. District Nodal Office shall acknowledge the appointment of DC .	Rs. 5,000 per week, per district beyond and part thereof
*Setting-up of SPO: Setting up of State Project Office (SPO) includes establishment of the SPO and also putting in place all the staff as per Schedule 18: (will be detailed out in Model Tender Document)				

18.3B. Performance KPIs :

SN	KPIs	Timeline	Baseline KPI Measure	Penalty
1	E-card verification and approval	30 Mins: Action on Verification Request from hospitals	95% Compliance	<ul style="list-style-type: none"> Penalty of Rs 100 of each card delayed beyond given TAT Penalty of Rs 500 each incorrect verification/approval of e-card by IC
			100% Compliance	In case any claim is adjudicated out of wrongly approved BIS card by IC then penalty of three times over and above the claim amount
				<ul style="list-style-type: none"> Compliance below 95% upto 90% then penalty of 5% of the monthly total delayed preauthorization amount

2	Pre- authorisation	Action within 3 * hours: of raising preauthorization request (all auto approvals beyond 3 hours will be considered non- compliance) 1 hour for emergency cases	95% Compliance	<ul style="list-style-type: none"> Compliance below 90% upto 85% then penalty of 10% of the monthly total delayed preauthorization amount Compliance below 85% then penalty of 20% of the monthly total delayed preauthorization amount with one instance of triggering of SPD** <p>(for calculation, monthly delayed preauthorization amount shall be the amount for delayed pre-authorizations for the admissions in that month. Penalty shall be calculated on this amount and TPA shall pay the penalty as per Penalty Notice per quarter)</p> <p><i>Example: if the TPA handled 100 preauthorization in the month and failed to meet TAT for 16 cases, 20% preauthorization amount of only these 16 cases will be charged as penalty. Even if the preauthorization is rejected, not meeting the TAT will invite the penalty.</i></p>
			100% Compliance	In case of wrongful pre-authorization approval, penalty of three times over & above the preauthorization amount.
3	Scrutiny, Claim processing & submission to OICL/SHA for payment of claims.	Action within 12 days of claim submission for claims within state and 25 days for claims from outside state (Portability cases).	100% Compliance	<p>If the TPA fails to make the Claim Processing within Turn Around Time (TAT)***, then the TPA shall be liable to pay a penal interest to the OICL at the rate of 0.1% for each claim amount for every day of delay or the part thereof on every delayed claim.</p> <ul style="list-style-type: none"> If the compliance in the month falls below 85% of number claims, it will be treated as one instance of SPD trigger. <p><i>Example: if the TPA processed 100 claims in the month and failed to meet TAT for 16 claims, it will be liable to pay penalty of 0.1% for each claim per day of these 16 claims to OICL. It will also be treated as one instance of triggering of SPD.</i></p>
			100% Compliance	In case any claim is adjudicated wrongly then penalty of three times over and above the claim amount.

4	Delays in compliance to orders of the Grievance Redressal Committee (GRC)	Beyond 30 days of the date of the order of the GRC	100% Compliance	Rs. 25,000 per week or part thereof
5	UTR updation at TMS software (TPAs has to update UTR for both claims upto 1 Lakhs paid by OICL & above 1 Lakhs paid by SHA)	Within 7 days after receiving UTR numbers from OICL/SHA.	100% Compliance	<ul style="list-style-type: none"> • Compliance below 95% upto 80% then penalty of 0.10% of the delayed UTR updation. • Compliance below 80% upto 60% then penalty of 0.15% of the delayed UTR updation. • Compliance below 60% then penalty of 0.25% of the delayed UTR updation with one instance of triggering of SPD**
6	Auto Approval Penalty	All Auto Approvals will be subject to penalty even though it is caused by strike of employee. (Exception :- If it is due to IT/Software issues)		

18.3C. Audit Related KPIs :

SN	KPIs	Sample	Baseline KPI Measure	Penalty
1	Preauthorization Audits	5% of total preauthorization's across disease specialities per quarter	100% compliance	Rs. 50,000 per missing audit report per quarter. If TPA fails to submit audit report in reporting quarter, then it will be considered as one instances of SPD triggers
2	Claims Audit (Approved Claims)	5% of total claims of the quarter	100% compliance	Rs. 50,000 per missing audit report per quarter. If TPA fails to submit audit report in reporting quarter, then it will be considered as one instances of SPD triggers.
3	Medical Audits	5% of total hospitalization cases per quarter	100% compliance	Rs. 50,000 per missing audit report per quarter. If TPA fails to submit audit report in reporting quarter, then it will be considered as one instances of SPD triggers.
4	Death Audits	100%	100% compliance	Rs. 50,000 Per missing death audit report per quarter. If TPA fails to submit audit report in reporting quarter, then it will be

				considered as one instances of SPD triggers.
5	Beneficiary audit (during hospitalization)	2% of total hospitalized beneficiaries in that quarter	100% compliance	Rs. 50,000 per missing beneficiary (on phone) audit report. If TPA fails to submit audit report in reporting quarter, then it will be considered as one instances of SPD triggers.
6	Beneficiary Audit-On Phone	5% of total hospitalized beneficiaries in that quarter	100% compliance	Rs. 50,000 per missing beneficiary (on phone) audit report If TPA fails to submit audit report in reporting quarter, then it will be considered as one instances of SPD triggers.
7	Beneficiary Audit-Home Visit	1% of total hospitalized beneficiaries in that quarter	100% compliance	Per 50,000 per missing beneficiary (on phone) audit report. If TPA fails to submit audit report in reporting quarter, then it will be considered as one instances of SPD triggers.
8	Investigation	Within 5 days		
<ul style="list-style-type: none"> While conducting the audit, TPAs shall ensure not more than 20% of sample size of overlapping of beneficiaries across audits except SN. 4. Sample size shall be equally distributed across all the districts in the state and also ensuring coverage of all suspect entities For the purpose of computing above audit percentages, cases from public hospitals shall be excluded. SHA/OICL may give directions regarding inclusion of cases from public hospitals for the audits. If submitted audit report does not mention required sample size or details, it will be treated as non-submission of audit report Audit reports shall contain details as required in Anti-Fraud Guidelines published by NHA. TPAs shall ensure audits to be conducted as prescribed by Anti-Fraud Guidelines, however penalty is only applicable on above audit reports. 				

18.3D:- Productivity* KPIs for key Staff by TPA

S N	Designation	Benchmark	Location	Brief Roles and Responsibilities
1	PPD	100-120 Pre-authorization request per person per day	SPO/Central Office of TPA. <i>State shall decide about location of the processor</i>	<ul style="list-style-type: none"> Approve/assign/reject pre-auth request Raise query/send for clarification to hosp. Trigger investigation
	CEX	100-120 claims	SPO/Central Office of TPA.	

2		processing per person per day	<i>State shall decide about location of the processor</i>	<ul style="list-style-type: none"> • Verification on non technical documents, reports, dates verification • Forward case to CPD for processing with inputs
3	CPD	70-100 claims per person per day	SPO/Central Office of TPA. <i>State shall decide about location of the processor</i>	<ul style="list-style-type: none"> • Verification of technical information eg. Diagnosis, clinical treatment, notes, evidences, etc. • Approve/assign/reject a claim • Raise query/as for clarification • Trigger investigation
<ul style="list-style-type: none"> • * TPA shall make the staff available as detailed in Schedule: 16, however productivity KPIs will be applicable on above staff on given parameters. • TPA shall ensure that preauthorization and claim approval and rejection shall be approved by an MBBS doctor 				

19. Penalty Clause: TPA must comply with the Health Regulations and guidelines issued by IRDAI and Oriental Insurance from time to time. In case of discrepancy/delay/deficiency in the service of TPA or information provided by TPA or wrong details given during claim upload to OIC system, the cost incurred/penalty paid by the Company will have to be paid by TPA along with penalty which may range from Rs 1,00,000/- to Rs 5,00,000/- as may be decided by the Company. The applicable taxes will be recovered over and above the penalty.

Any audit recovery due to wrong processing of the claim or wrong bank details or any fraudulent claim or wrong/excess/multiple payment or the claim payment beyond the scope of cover etc. shall be recovered in full. Along with this recovery an additional amount equivalent to the amount of recovery shall be imposed as penalty. The applicable taxes will be recovered over and above the penalty.

TPA must collect the valid PAN and bank details of hospitals for which TDS is to be deducted. In case any dispute arises regarding TDS deduction or TDS credit in Hospital PAN account or any interest or penalty is imposed by Income Tax Dept. or any other authority, the interest, penalty and any other cost the cost incurred by the Company will have to be paid by TPA along with penalty which may range from Rs 1,00,000/- to Rs 5,00,000/- as may be decided by the Company. The applicable taxes will be recovered over and above the penalty.

This shall be over and above of penalty imposed by virtue of **AB- PMJAY, MA and MAV Scheme.**

Disclaimer

The Scope of Work given in this Annexure is only indicative in nature and the same shall be defined by The OICL as per **all Volumes of Tender Documents for Selection of Insurance Company, all amendments, modifications, addendums, annexures and all parts of the AB- PMJAY, MA and MAV Scheme and Insurance**

Contract as issued by SHA or The OICL.

In the event of any discrepancy, ambiguity or contradictions between the terms and conditions set out in this tender document, the terms of tender documents issued by Government of Gujarat.