

Response to queries received regarding RFQ for Universal Healthcare Insurance

S. No	Reference Clause	Query	Response of Authority
1.	Clause 1.1.1	<p>When would the data be provided for 40 lakh families?</p> <p>Whether smart card needs to be issued for identification of the families?</p> <p>What is the process of hospitalisation for the identified families?</p> <p>What will be the per family sum assured?</p> <p>What could be the basis of "40 lakh families" as mentioned</p> <p>Please specify category of beneficiaries</p> <p>Please specify family size</p>	Details would be provided at the RFP Stage.
2.	Clause 1.1.2	<p>What is the annual income of the family to whom the insurance cover to be given and how to identify that which are those families?</p> <p>What is the additional one time administrative charge payable by each family, in addition to the payment of premium by authority?</p> <p>What is the procedure for enrolments of the families?</p> <p>Is there any period for enrolment of the family or all families are covered from day one?</p> <p>Maximum no of members to be covered in one family?</p> <p>What will be the definition of family?</p> <p>Cover to be provided to persons below the threshold limit without any admin fee. What will be the threshold limit?</p> <p>Who are the beneficiaries? And what is the income threshold?</p> <p>What is an additional one-time administrative charge? & How much?</p>	Details would be provided at the RFP Stage.
3.	Clause 1.1.3	Does an empanelled hospital mean only government hospital as Pvt. hospital is to be empanelled also by ICs?	Details would be provided at the RFP Stage.

4.	Clause 1.1.4	<p>1700 packages have been stated in the document. What will be cost of each of these packages?</p> <p>The cover will be provided over the four year period. Whether the scheme will be allotted for the four year period to IC?</p> <p>Will the 1700 packages will be treated in both Public as well as Private hospitals or there are certain specified packages for Public hospitals?</p>	Details would be provided at the RFP Stage.
5.	Clause 1.1.8	Whether it will increase or decrease?	Details would be provided at the RFP Stage.
6.	Clauses 1.2.1, 1.2.3 and 1.2.4	<p>General Insurance Council vide its circular dated 07.06.2011 has called upon all non-life insurers not to comply with requirement like security deposit / EMD/ Tender fee etc while responding to tender for Insurance protection.</p> <p>IRDA has mandated the insurance companies that there should be no payment in the nature of tender fee, security deposit, earnest money deposit as part of the tendering process.</p> <p>Hence requested for removal of Processing cost and EMD/SD from RFQ.</p> <p>When Insurance companies are already allowed by IRDA to do health Insurance business in India then is it necessary to pre-qualify again for the said tender?</p> <p>The cost of the bidding documents (four times the RFQ) is also on the higher side. Can the same be waived?</p> <p>Payment of Rs1,00,000/- as the cost of RFQ process to be paid by applicant before the attending the pre Application conference</p>	No change is contemplated.
7.	Clause 1.2.5	What is meant by the highest bidder?	Please refer to Clause 1.2.8.
8.	Clause 1.2.6	<p>Bidder will get chance to examine the scheme?</p> <p>Shall we get any past data specially pertains to claims of similar scheme?</p>	Details would be provided at the RFP Stage.
9.	Clause 2.2.2 (A)	<p>We presume the amount of Rs. 3,000 crore is cumulative total of the 3 preceding financial years and not every year separately.</p> <p>On point no 2.2.2(A) it is mentioned that IC should have done gross direct premium of Rs. 3,000 crore in last three financial years in health insurance scheme while in point no 2.2.4(i) it is written as health insurance policies. We seek your clarification whether it is schemes or policies.</p>	Yes, it is cumulative total during past 3 years in respect of health insurance schemes and policies.

		We request for relaxation in this Clause and request for cumulative premium of Rs. 1,500 crore during the preceding three years as against Rs. 3,000 crore.	No change is contemplated.
10.	Clause 2.2.2 (B)	<p>We requested you to relax this provision as “on the date of the application for qualification” instead of at the close of the preceding financial year.</p> <p>The applicant should have received during the past 3 financial years preceding the application due date, gross direct premium income of more than Rs 3,000 crore from Health Insurance schemes.</p>	No change is contemplated.
11.	Clause 2.2.3	What are the criteria of IRDA licensed third party administrator for discharging operation and maintenance (O&M) obligations of the authority?	Details would be provided at the RFP Stage.
12.	Clause 2.2.4 (i)	14. Certificate from statutory auditors on GDP of health and net worth will involve time and further cost. However after preparation of annual accounts the same has been certified by statutory auditors & director of our company. Whether the certified copies can act as annexure?	No change is contemplated.
13.	Clause 2.2.4 (ii)	Whether audit copies of B/S and P/L a/c can be submitted for preceding three years instead of five year?	Please refer to Addendum No. 4.
14.	Clause 2.2.10	Means Financial Year should consider 2014-15 not 2015-16, to provide figures?	Please refer to Clause 2.2.10.
15.	Clause 3.2.5	Health Insurance policy, issued during 2015-16, which covers a family consisting of Head of the family, with spouse and dependent children on a floater basis with a single sum insured. Whether this will qualify under Category 3.	The provisions are self explanatory.
16.	Clause 3.2.6	Whether Health Insurance policies, issued during 2015-16, covering individuals will qualify under Category 4.	The provisions are self explanatory.
17.	Clause 3.2.8	Request for deleting the section "Criteria for Evaluation" in point 3.2.8, it is mentioned that an experience score shall be calculated to shortlist the 6 companies who shall be allowed to bid. Different categories have different factors. We are not sure what question is "whether a company needs to qualify for all 4 criteria mentioned or if it meets first criteria then it is through"?	No change is contemplated.
18.	Appendix I. Point 21	<p>For which year the net worth and aggregate experience score needs to be stated in point no 21 of appendix-I?</p> <p>How the aggregate experience score has to be calculated?</p>	Please refer to Annex-II and Annex-III of Appendix-I.
19.	ANNEX-I, III & IV	We seek detailed explanation from authority on annexure-II (technical capacity of the applicant), annex-III (Financial capacity of the applicant) and Annex-IV	The provisions are self explanatory.

		(Detail of eligible schemes). When the entities are submitting audited annual A/c, is it necessary to submit annexure-II, annex-III and annex-IV?	
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