

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 all **Volumes of Tender Documents for Selection of Insurance Company, all amendments, modifications, addendums, annexures and all parts of the AB-NHPM Scheme as issued by UTHA.** The TPA will work as a facilitator between the Beneficiary family and the health providers and coordinate with various agencies of the UT and Central Govt. including nodal agencies and will also cover the following functions: -

A. Identification and Approval of AB-NHPM Beneficiary Family Units:

- TPA have to setup beneficiary Identification and approval team on fixed service level agreement on turnaround time and provide the beneficiary a print of AB-NHPM e-card. TPA will also provide for booklets/pamphlets to the beneficiaries providing with details about AB-NHPM and process for availing benefits.
- Provide Information, Education and Communication (IEC) and **Behavioural Change Communication (BCC) activities** for AB-NHPM.
- The guidelines for identification of AB-NHPM beneficiary family units:

1.1 Brief Process Flow

The core principle for finalising the operational guidelines for proposed AB-NHPM is to construct a broad framework as guiding posts for simplifying the implementation of the Mission under the ambit of the policy and the technology while providing requisite flexibility to the States to optimally chalk out the activities related to implementation in light of the peculiarities of their own UT , as ownership of implementation of scheme lies with them.

A. AB-NHPM will target, deprived rural families and identified occupational category of urban workers' families as per the latest Socio-Economic Caste Census (SECC) data, both rural and urban. Additionally, along with the AB-NHPM beneficiary families, additional beneficiary families added by UT Administration is as below,

- 1) Resident families whose annual income is below Rs.1 lakhs.
- 2) All Families whose annual income is above Rs.1 lakhs.

Category 1) and 2) will also be known as Non SECC AB-NHPM beneficiary families.

B. UT will be responsible for carrying out Information, Education and Communication (IEC) activities amongst targeted families such that they are aware of their entitlement, benefit cover, empanelled hospitals and process to avail the services under AB-NHPM. This will include leveraging village health and nutrition days, making available beneficiary family list at Panchayat office, visit of ASHA workers to each target family and educating them about the scheme, Mass media, etc among other activities. The following 2 IEC activities are designed to aid in Beneficiary Identification

i. AB-NHPM Additional Data Collection drive at Gram Sabha's across India will take place on 30th April. MoHFW in collaboration with Ministry of Rural Development (MoRD) will drive collection of Ration Card, Mobile Number for each AB-NHPM household.

ii. Government of India will send a personalised letter via mass mail to each targeted family through postal department in states/UT's launching ABNHPM. This letter will include details about the scheme, toll free helpline number and family details and their ID under AB-NHPM

iii. UT which are primarily covering AB-NHPM beneficiaries are encouraged to create multiple service locations where beneficiaries can check if they are covered. These include

- Contact points or kiosks set up at CSCs, PHCs, Gram Panchayat, etc
- Empaneled Hospital
- Self-check via mobile or web
- Or any other contact point as deemed fit by Union Territories

C. Beneficiary identification will include the following broad steps:

I) The operator searches through the AB-NHPM list to determine if the person is covered.

II) Search can be performed by Name and Location, Ration Card No or Mobile number (collected during data drive) or ID printed on the letter sent to family.

III) If the beneficiary's name is found in the AB-NHPM list, Aadhaar (or an alternative government ID) and Ration Card (or an alternative family ID) is collected against the Name / Family.

IV) The system determines a confidence score for the link based on how close the name / location / family members between the AB-NHPM record and documents is provided.

V) The operator sends the linked record for approval to the Insurance company

VI) If the confidence score is high, the operator can immediately issue the e-Card and admit the patient for treatment. Otherwise, the patient must be advised to wait for approval from the insurance company

VII) The insurance company will setup a Beneficiary approval team that works on fixed service level agreements on turnaround time. The AB-NHPM details and the information from the ID is presented to the verifier. The insurance company can either approve or recommend a case for rejection with reason.

VIII) All cases recommended for rejection will be scrutinised by a UT team that works on fixed service level agreements on turnaround time. The UT team will either accept rejection or approve with reason.

IX) The e-card will be printed with the unique ID under AB-NHPM and handed over to the beneficiary to serve as a proof for verification for future reference.

- The beneficiary will also be provided with a booklet/ pamphlet with details about AB-NHPM and process for availing services.
- Presentation of this e-card will not be mandatory for availing services. However, the e-card may serve as a tool for reinforcement of entitlement to the beneficiary and faster registration process at the hospital when needed.

D. Addition of new family members will be allowed. This requires at least one other family member has been approved by the Insurance Company. Proof of being part of the same family is required in the form of

- i. Name of the new member is in the family ration card or UT defined family card
- ii. A marriage certificate relating to marriage to a family member existing in the family

A birth certificate relating to a birth to a family member existing in the family is available.

1.2 Detailed Steps for Beneficiary Identification and Issuance of e-card AB-NHPM will target about 10.74 crore poor, deprived rural families and identified occupational category of urban workers' families as per the latest Socio-Economic Caste Census (SECC) data, both rural and urban. Additionally, all such enrolled families under RSBY that do not feature in the targeted groups as per SECC data will be included as well.

The main steps for the above exercise are as follows:

A. Preparatory Activities for UT's:

Responsibility of – UT Administration

Timeline – within a period of 15 days, after receiving the approval from MoHFW/NHA, the UT may complete the preparatory activities to initiate the implementation and beneficiary identification process.

The UT will need to:

- i) Ensure the availability of requisite hardware, software and allied infrastructure required for beneficiary identification and AB-NHPM e-card printing. Beneficiary Identification Software/ Application/ platform will be provided free of cost by MoHFW/NHA. Specifications for these will be provided by MoHFW/NHA.
- ii) Availability of printed booklets, in abundant quantities at each Contact point, which will be given to beneficiaries along with the AB-NHPM e-cards after verification. The booklet/pamphlet shall provide the following details:
 - Details about the AB-NHPM benefits
 - Process of taking the benefits under AB-NHPM and policy period

- List of the empanelled network hospitals in the district along with address and contact details (if available)
- The names and details of the key contact person/persons in the district
- Toll-free number of AB-NHPM call centre (if available)
- Details of DNO for any further contact

iii) Union Territory/ UT Health Agency (UTHA) shall identify and set-up team(s) which shall have the capacities to handle hardware and basic software support, troubleshooting etc.

iv) Training of trainers for this purpose will be organised by MoHFW/NHA.

The UT shall ensure availability of above, in order to carry out all the activities laid down in this guideline.

B. Preparation of AB-NHPM target data

Responsibility of – MoHFW

Timeline – Preparation of SECC data by 15th March

MoHFW has decided to use latest Socio-Economic Caste Census (SECC) data as a source/base data for validation of beneficiary families under the AB-NHPM. Based on SECC data, number of families in each State/UT's, that will be eligible for central subsidy under the AB- NHPM, will be identified. The categories in rural and urban that will be covered under AB- NHPM are given as follows:

For Rural:

Total deprived Households targeted for AB-NHPM who belong to one of the six deprivation criteria amongst D1, D2, D3, D4, D5 and D7:

- Only one room with kucha walls and kucha roof (D1)
- No adult member between age 16 to 59 (D2)
- Female headed households with no adult male member between age 16 to 59 (D3)
- Disabled member and no able-bodied adult member (D4)
- SC/ST households (D5)
- Landless households deriving major part of their income from manual casual labour (D7)

Automatically included- Households without shelter

- Destitute/ living on alms
- Manual scavenger families
- Primitive tribal groups
- Legally released bonded labour

For Urban:

Occupational Categories of Workers

- Rag picker
- Beggar
- Domestic worker
- Street vendor/ Cobbler/hawker / Other service provider working on streets
- Construction worker/ Plumber/ Mason/ Labour/ Painter/ Welder/ Security guard/ Coolie and another head-load worker
- Sweeper/ Sanitation worker / Mali
- Home-based worker/ Artisan/ Handicrafts worker / Tailor
- Transport worker/ Driver/ Conductor/ Helper to drivers and conductors/ Cart puller/ Rickshaw puller
- Shop worker/ Assistant/ Peon in small establishment/ Helper/Delivery assistant / Attendant/ Waiter
- Electrician/ Mechanic/ Assembler/ Repair worker
- Washer-man/ Chowkidar

The following activities will be carried out for identifying target families for AB-NHPM:

- i) AB-NHPM data in defined format by applying inclusion and exclusion criteria shall be prepared.
- ii) AHL_HH_ID will be considered as Family ID for AB-NHPM targeted families.
- iii) Final data will be accessible in a secure manner to only authorised users who will be allowed to access it online and use it for beneficiary verification.

C. Informing Beneficiaries on what to bring for Identification Responsibility of – UTHA

Timeline – Ongoing

The process requires that Beneficiaries bring

- Aadhaar
- Any other valid government id(s) decided by the UT if they do not have an Aadhaar
- Ration Card or any other family id decided by the UT Administration.

All IEC activities as per IEC guidelines must work towards education of the above to ensure it is easy for the beneficiaries to receive care.

D. Beneficiary identification Contact Points – Infrastructure and Locations Any resident must be able to easily find out if they are covered under the scheme. This is especially critical in States/UT's that are launching only on the basis of AB-NHPM list (SECC + RSBY). These states/UT's are encouraged

to create a large number of resident contact points where they can easily check if they are eligible and obtain a e-card.

The Beneficiary identification contact point will require

- A computer with the latest browser
- A QR code scanner
- A document scanner to scan requisite documents
- A printer to print the e-Card
- A web camera for photos
- Internet connectivity
- Aadhaar registered device for fingerprint and iris biometrics (only at Hospital Contact Points)

Only Hardware and software as prescribed by MoHFW/NHA shall only be used. Detailed specifications will be provided in a separate document. Beneficiary identification will be available as a web and mobile application. Availability as a mobile app will make it easy to be deployed at larger number of contact points. The DNO shall be responsible for choosing the locations for contact centres within each village/ward area that is easily accessible to a maximum number of beneficiary families including the following:

- CSC
- PHCs
- Gram Panchayat Office
- Empanelled Hospital
- Or any other contact point as deemed fit by States/UTs

Require hardware and software must be setup in these contact points which will be authorized to perform Beneficiary identification and issue e-cards.

UTHA/ District Nodal Agency will organize training sessions for the operators so that they are trained in the Beneficiary identification, Aadhaar seeding and AB-NHPM e-card printing process.

Operators are registered entities in the system. All beneficiary verification requests are tagged to the operator that initiated the request. If the insurer (Insurance Company) rejects multiple requests from a single operator – the system will bar the operator till further training / remedial measures can be undertaken.

1.3 Identity Document for a Family Member

Aadhaar will be primary identity document for a family member that has to be produced under the AB-NHPM scheme. When the beneficiary comes to a contact point, the QR code on the Aadhaar card is scanned (or an e-KYC is performed) to capture all the details of the Aadhaar.

A demographic authentication is performed with UIDAI to ensure the information captured is authentic. A live photograph of the member is taken to be printed on the e-card. If the AB-NHPM family member does not have an Aadhaar card and the contact point is a location where no treatment is provided, the operator will inform the beneficiary that he is eligible and can get treatment only once without an Aadhaar or an Aadhaar enrolment slip. They may be requested to apply for an Aadhaar as quickly as possible. A list of the closest Aadhaar enrolment centres is provided to the beneficiary

The AB-NHPM family member does not have an Aadhaar card and the contact point is a Hospital or place of treatment then

- A signed declaration is taken from the Beneficiary that he does not possess an Aadhaar card and understands he will need to produce an Aadhaar or an Aadhaar enrolment slip prior to the next treatment
- The beneficiary must produce an ID document from the list of approved ids by the State/UT.
- The operator captures the type of ID and the fields as printed on the ID including the Name, Father's Name (if available), Age, Gender and Address fields.
- A scan of the ID produced is uploaded into the system for verification.
- A photo of the beneficiary is taken
- The information from this alternate ID is used instead of Aadhaar for matching against the AB-NHPM record.

1.5 Searching the AB-NHPM Database

The AB-NHPM database will be searched based on the information provided in the Member Identity document. AB-NHPM is based on SECC and it is likely that spellings for Name, Fathers Name and even towns and villages will be different between the AB-NHPM record and the identity document. A beneficiary will be eligible for AB-NHPM if the Name and Location parameters in the beneficiary identity document can be regarded as similar to the Name and Location parameters in the AB-NHPM record.

The Search system will provide multiple ways to find the AB-NHPM beneficiary record. If there are no results based on Name and Location, the operator should

- a. Search by Ration Card and Mobile No (Information captured during the Additional Data Collection Drive)
- b. Search using the ID printed on the letter sent by post to Beneficiaries (AHL_HH_ID)
- c. Reduce some of the parameters like Age, Gender, Sub district, etc and trial with variation in the spelling of the Name if there are no matching results
- d. Try adding the name of the father or family members if there are too many results.

The Search system will show the number of results matched if > 5. The operator is expected to add more information to narrow results. The actual results will be displayed when the number matched is 5 or less. The operator has to select the correct record from the list shown.

1.6 Linking Family Identification document with the AB-NHPM Family One or more Family Identity Cards can be linked with each AB-NHPM Family. While Ration cards will be the primary family document, States/UT can define additional family documents that can be used. SECC survey was

conducted on the basis of households and there are possibilities where the household could have multiple ration cards.

Linking a family identification document strengthens the beneficiary identification process as we can create a confidence score based on the names in family identification document and AB-NHPM record.

Linking the family identification document will be mandatory ONLY if the same document (Ration Card) is also the ID used by the state/UT to cover a larger base. Operators are encouraged to upload the family document if the name match confidence score is low but they believe the 2 records are the same. Integration with an online family card database is recommended. In this scenario, the operator will enter the Family ID No (Ration Card No) and will be able to fetch the names of the family members from the online database.

If an integration is not possible, the operator will enter the names of the family members as written in the ID card and upload a scan of the ID card for verification.

1.7 Approval by Insurance Company / TPA

The UT can appoint the Insurance company to perform the verification of the data of identified beneficiaries. The team needs to work with a strong Service Level Agreements (SLA) on turnaround time. Approvals are expected to be provided within 30 minutes back to the operator on a 24x7 basis.

The Approver is presented the Beneficiary Identity Document and the AB-NHPM record side by side for validation along with the confidence score. The lowest confidence score records are presented first.

If the operator has uploaded the Family Identity document it is also displayed along with the Confidence Score.

The Approver has only 2 choices for each case – Approve or Recommend for Rejection with Reason

The System maintains a track of which Operator is Approving / Recommending for rejection. The Insurance Company can analyze the approval or rejection pattern of each of the operators.

1.8.1 Acceptance of Rejection Request by UT (applicable only in case of Insurance Company mode of implementation)

The UT should setup a team that reviews all the cases recommended for Rejection. The team reviews the data provided and the reason it has been recommended for rejection. If the UT agrees with the Insurer it can reject the case. If the UT disagrees with the Insurer it can approve the case. The person in the state making the decision is also tracked in the system. The UT review role is also SLA based and a turnaround is expected in 24 hours on working hour basis.

1.8.2 Addition of Family Members

The AB-NHPM scheme allows addition of new family members if they became part of the family either due to marriage or by birth. In order to add a family member, at least one of the existing family members needs to be verified and the identity document used for the verification must be Aadhaar. To add the additional member the family must produce

- The name of the additional member in a State/UT approved family document like Ration Card OR
- A birth certificate linking the member to the family OR

- A marriage certificate linking the member to the family.

In order to add a family member, at least one of the existing family members needs to be verified and the identity document used for the verification must be Aadhaar.

1.8.3 Monitoring of Beneficiary identification and e-card printing process

Responsibility of –UT Administration /UTHA

Timeline – Continuous

UT Administration/UTHA will need to have very close monitoring of the process in order to ascertain challenges, if any, being faced and resolution of the same. Monitoring of verification process may be based on following parameters:

- Number of contact points and manpower deployed/ Number and type of manpower
- Time taken for issuance of e-card of each member
- Percentage of families with at least one member having issued e-card out of total eligible families in AB-NHPM
- Percentage of members issued e-cards out of total eligible members in AB-NHPM
- Percentage of total members where Aadhaar was available and captured and percentage of members without Aadhaar number
- Percentage of total members where mobile was available and capture

B. Cashless Access of Services

- To ensure that each EHCP shall at a minimum possess the Hospital IT Infrastructure required to access the AB-NHPM Beneficiary Database and undertake verification based on the Beneficiary Identification process laid out, using unique AB-NHPM Family ID on the AB-NHPM Card and also ascertain the balance available under the AB-NHPM Cover provided by the Insurer.
- To provide each EHCP with an operating manual describing in detail the verification, pre-authorisation and claims procedures.
- To train Ayushman Mitras

C. Pre-authorisation of Procedures & Portability of Benefits

- TPA has to attend or reply to the Pre - Authorization request within 6 hours for all the normal cases and within 1 hour for the emergency cases from the time of the filing of the Pre- Authorization request by Empanelled Health Care Provide (EHCP), failure of which will attract penalty.
- TPA will assist to enter into agreement with other insurance companies working in AB-NHPM regarding portability of the benefits of AB-NHPM across India at any of the networked hospital. This will ensure that beneficiary can use his/her smart card across India to get treatment in any

of the empaneled health care providers.

E. Claims Management

- TPA shall be responsible for settling all claims within 15 days after receiving all the required documents/information, as per the guidelines set under the Tender Document for Selection of Insurance Company for Implementaion of AB-NHPM of Administration of UT of Daman Diu and DNH , failure of which will attract penalty.

F. Capacity Building Interventions

- TPA will train Ayushman Mitras and EHCPs as per guidelnes given in the page no. 25 & 26, point no. 18 of Volume II of the Tender Document for Selection of Insurance Company for Implementaion of AB-NHPM of Administration of UT of Daman Diu and DNH.

G. Management Information System (MIS)

- TPA will maintain a MIS dashboard, update the information on the MIS dashboard real time and provide required MIS to the OICL, UTHA and any other authorised representatives of UTHA, in the prescribed formats.
- TPA will appoint one qualified person for providing MIS timely to UTHA & OICL in prescribed format.
- TPA will submit the required reports to OICL and UTHA, as per Tender Document for Selection of Insurance Company for Implementaion of AB-NHPM of Administration of UT of Daman Diu and DNH (page no. 33 & 34, point no. 25 of volume II).

H. Monitoring and Verification

- TPA will supervise and monitor the complete AH-NHPM implementation process on ongoing basis
- TPA will ensure fulfilment of minimum threshold levels as per the agreed Key Performance Indicators (KPIs).
- Conduct medical and field audit as per the guidelines given in the Tender Document for Selection of Insurance Company for Implementation of AB-NHPM of Administration of UT of Daman Diu and DNH.
- To Conduct Hospital audit as per the guidelines given in the Tender Document for Selection of Insurance Company for Implementation of AB-

NHPM of Administration of UT of Daman Diu and DNH.

- To provide required details/co-ordinate with the UTHA for their audit purpose.
- To attend the performance review meetings of UTHA along with the OICL and ensure compliance of the guidelines given in the meetings.

I. Key Performance Indicators for the TPA

- TPA will ensure that Key Performance Indicators (KPI) set out in the Tender Document for Selection of Insurance Company for Implementation of AB-NHPM of Administration of UT of Daman Diu and DNH and as revised from time to time, are adhered to and any failure to which will attract penalty.
- Any penalty imposed on the OICL by UTHA will be the responsibility of the TPA. TPA will pay all penalties imposed by the OICL within **30** days of such demand.

S. No.	KPIs	Time Frame	Penalty
1	Setting up of a UT Project Office and Appointment of Project Head and other Staff (to be specified by UTHA) for co-ordination and Scheme implementation	15 days after signing of Insurance Contract.	Rs. 25,000 per week and part thereof.
2	Establishment of District Offices	15 days after signing of Insurance Contract.	Rs. 5,000 per week (per district office) and part thereof.
3	Claims-related Activities:		
3.a	Pre-authorisation	6 hours for emergency cases and 18 hours for all other cases	Automatic approval post 6 and 18 hours for emergency and non-emergency cases respectively.
3.b	Scrutiny and Claim approval from EHCP	Within 30 days of claim submission for the first time excluding the days when the claim is pending with the network hospital.	If the Insurer fails to make the Claim Payment within a Turnaround Time of 30 days for a reason other than a delay by the UTHA in making payment of the Premium that is due and payable, then the Insurer shall be liable to pay a penal interest to the EHCP at the rate of 1% of the Claim amount for every 15 days of delay beyond the 30- day period.
4	Delays in compliance to orders of the Grievance Redressal Committee (GRC)	Beyond 30 days.	Rs. 25,000 for the first month of delay in implementing GRC order, Rs. 50,000 per month for every subsequent month thereafter.

5 Completing minimum audit targets - both claims and medical audits Specified number of medical and claims audit reports to be submitted in the reporting quarter. Rs. 10,000 for each audit report not submitted as per plan.

6 Timely submission of a specified minimum audit reports on a quarterly basis – both claims and medical audits (To be implemented only when the IT Platform has developed the capability of allowing online filing of these reports) Specified number of medical & claims audit reports to be submitted within -7 days of completing the audit. Rs. 10,000 for each audit report not submitted in time.

- TPA shall undertake rectification as per the guidelines issued by the UTHA within 30 days of issuance of such order, and at the end of the rectification period, the TPA shall submit an Action Taken Report with evidences of rectifications done to the OICL and UTHA, failure of which will attract penalty.

J. Fraud Control and Management

- To manage fraud and to conduct audit, as per the Tender Document for Selection of Insurance Company for Implementation of AB-NHPM of Administration of UT of Daman Diu and DNH, on an ongoing basis.

K. Grievance Redressal

- To provide assistance for the grievance redressal mechanism developed by the OICL.
- All the meetings related to grievance redressal mechanism to be attended by TPA State Co-ordinator & MBBS doctor of TPA.

L. GENERAL

- The work permit awarded to the TPAs may be cancelled if the responsibility for effective implementation of the scheme is not carried out with the full satisfaction of The OICL and the Administration of UT of Daman Diu and DNH/ GoI.
- For any breach of schedule for workshop or schedule of AB-NHPM work as per Tender Document, The OICL will be at liberty to terminate MOU/Contract with TPA immediately & forfeit the security deposit.

Commitments

- The OICL has made commitments as per the Tender Document for Selection of Insurance Company for Implementation of AB-NHPM of Administration of UT of Daman Diu and DNH, 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 Administration of UT of Daman Diu and DNH/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-NHPM of Administration of UT of Daman Diu and DNH, attached.

INFRASTRUCTURE, IT & MANPOWER REQUIREMENT:

- The TPA will set up project office/ UT level office at Silvassa and office at each district level within 12 days of issuance of work order.
- The TPA will recruit or employee sufficient number of experienced and qualified personnel exclusively for the purpose of implementation of the AB-NHPM and for the performance of its obligations and discharge of its liabilities under the contract, within 15 days from the issuance of work order. TPA have to appoint 1 (one) UT Co-ordinator and 1 (One) District Co-ordinator in all the allotted districts in UT of Daman Diu and Dadara & Nagar Haveli. (Please refer Tender Document for Selection of Insurance Company for Implementation of AB-NHPM of Administration of UT of Daman Diu and DNH , volume II page no 24 point no 17.3 Organizational Set up and Functions)
- TPA have to appoint 1 (One) person exclusively at Nodal Office of OICL, Daman.
- TPA must arrange 24 X 7 sufficient number of MBBS and specialised doctor/s to attend Pre-auth from Hospitals.
- TPA have to establish office at Silvassa for claim process with two MBBS doctors and one state coordinator for coordination with UTHA on regular basis.
- TPA have to appoint doctor/s in all the allotted districts in UT of Daman Diu and Dadara & Nagar Haveli.
- TPA will Oversee 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.
- TPA have to appoint one person for providing timely MIS to UT Nodal Agency (UTNA) & HO of the OICL in prescribed format.

SERVICING OF THE AB-NHPM AND CLAIM SETTLEMENT

- To establish, manage and operate the infrastructure for the identification and registration of the beneficiaries of the AB-NHPM. TPA will verify & give approval regarding Beneficiary Enrolment under AB-NHPM.
- TPA will arrange cashless treatment of beneficiaries in Network hospitals under the defined benefit package.
- TPA will settle legitimate and due claims of the EHCPs within the allocated timeframe of 15 days after receiving all the required documents/information, failure of which will attract penalty.
- Ensure provision of services in absence of internet connectivity as per guidelines given in the Tender Document for Selection of Insurance Company for Implementation of AB-NHPM of Administration of UT of Daman Diu and DNH.

GRIEVANCE REDRESSAL

- TPA will participate in and coordinate timely redressal of grievances in close coordination with the OICL and concerned Grievance Redressal Committee and comply with the orders of the concerned Grievance Redressal Committee within the stipulated time period.
- TPA will abide by the terms and conditions of the UTLA throughout the tenure of the Contract.
- TPA will ensure that the contact details of the State Coordinator of the Insurer and the nodal officer of the EHCP (as the case may be) are updated on the AB-NHPM website

- They will set up machinery to resolve dispute of the beneficiaries, if any. If not resolved, arbitration proceedings have to be adopted.
- TPA has to appoint 1 grievance office in every district.

AUDIT

- TPA will ensure that all claims are investigated either at Hospital or in field. Further, TPA will conduct hospital audit as required under the Tender Document for Selection of Insurance Company for Implementation of AB-NHPM of Administration of UT of Daman Diu and DNH. TPA shall submit the investigation report within 7 days.
- TPA have to appoint One field auditor (Non-medical) for each allotted districts in UT of Daman Diu and Dadara & Nagar Haveli (at least 10 reports submission daily from each district) and audit report is to be submitted to the OICL Nodal Office within 7 days of audit.
- To appoint sufficient number of MBBS or specialist Doctors and other Employees for the audit purpose as per the Tender Document for Selection of Insurance Company for Implementation of AB-NHPM of Administration of UT of Daman Diu and DNH. The profiles of the Doctors/Investigators are to be shared with the OICL and UTHA within the required time frame.

AWARENESS GENERATION AND FACILITATION

- The TPA will ensure organization of Health Camps in coordination with the empanelled hospitals & the OICL on periodic basis as per requirement of the Administration of UT of Daman Diu and Dadara & Nagar Haveli at Dist. /Block level as per Tender Document for Selection of Insurance Company for Implementation of AB-NHPM of Administration of UT of Daman Diu and DNH.
- Ensuring that EHCP adhere to the points mentioned in section 8,9 of Volume II of Tender Document for Selection of Insurance Company for Implementation of AB-NHPM of Administration of UT of Daman Diu and DNH, regarding signage and help desk in the EHCP.
- TPA shall organize training workshops for each EHCP (including Community Health Centre- CHCs and Primary Health Centres- PHCs) at the hospital premises at least once every 6 months, that is, at least twice during each Policy Cover Period for a UT or UT cluster and at any other time requested by the EHCP, to increase knowledge levels and awareness of the hospital staff. (As per point no 18.b on page no 26 of Tender Document for Selection of Insurance Company for Implementation of AB-NHPM of Administration of UT of Daman Diu and DNH.)

MIS

- Send data related to enrolment, hospitalization and other aspects of the scheme to the Central and Administration of UT of Daman Diu and Dadara & Nagar Haveli at periodic intervals.
- To provide input on various formats used for cashless transactions, discharge summary, billing pattern and other reports prepared by the OICL.
- Collecting beneficiary feedback and sharing those with Administration of UT of Daman Diu and Dadara & Nagar Haveli/Nodal Agency.

Payment of Claims and claim turnaround time:

- TPA shall be responsible for settling of all claims within 15 days after receiving all the required documents/information, failure of which will attract penalty.
- The TPA will observe the following discipline regarding settlement of the claims received from the empanelled hospitals.

A. The TPA will ensure that claims of the hospitals are to be raised in Batch. Batches to be raised twice a week for all straight claims. The claims which are to be investigated should be done immediately but settlement/rejection must be done within 7 days of registration of claim and should be updated on AB-NHPM portal with NEFT details within 30 days, failure of which will attract penalty. TPA will raise the District Wise Batch twice a week without fail, whatever the Batch amount may be. If the Batch is not raised timely & if any discrepancy is found in raised Batch then penalty will be charged. TPA will also submit the hard copy of the raised Batch duly signed by the authorized signatory.

B. TPA will have to facilitate in arranging the payment/UTR details to the hospitals. Along with payment details TPA will have to provide list of Claim detail including URN No., name of Patient, Period of Hospitalization, Diagnosis etc.to Hospitals in soft copy by email.

C. In case a claim is being rejected, this information will also be sent to hospital within 15 days. Along with the claim rejection information, TPA will also inform the hospital that they can appeal to the District Grievance Committee, if they feel so. The Contact details of the District Grievance Committee will need to be provided by the TPA along with each claim rejection letter.

D. The counting of days in all the cases will start from the day when claims are received by the TPA /the OICL or its representatives.

E. The TPA 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.

F. It will be the responsibility of the TPA to maintain the Claim Data.

G. TPA would ensure that the claims will be online.

H. TPA will have to investigate all of the Claims reported. Out of which a minimum 50% should be Field Investigation. Investigation reports will have to be submitted to the the OICL & UTNA on fortnight basis.

TPA shall provide any other service as may be mutually agreed between The OICL and the TPA.

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-NHPM Scheme and Insurance Contract as issued by UTHA or The OICL.**