

EXPRESSION OF INTEREST FOR GROUP HEALTH INSURANCE POLICY FOR EMPLOYEES OF NATIONAL HEALTH MISSION, ASSAM

No: NHM/HR/GRP-INS/2214/2014-15/15518 Date: 21/11/2014

National Health Mission, Assam invites "Expression of Interest" (EOI) from IRDA Accredited Insurance Companies for Group Insurance Policy for its employees and their family members. Interested Insurance Companies may visit the website www.nrhmassam.in for the "Details of EOI" and submit their Expressions of Interest with requisite credentials so as to reach the address below on or before 05/12/2014 (before 2:00 PM).

Sd/-Mission Director

Mission Director, National Health Mission
SAIKIA COMMERCIAL COMPLEX, SRINAGAR PATH, CHRISTIANBASTI,
G.S ROAD, GUWHATI 781005



OFFICE OF THE MISSION DIRECTOR National Health Mission, Assam Saikia Commercial Complex, Sreenagar Path, Christian Basti, G S Road,Guwahati-781005, Assam

Website: www.nrhmassam.in e-mail: misnrhm.assam@gmail.com

No: NHM/HR/GRP-INS/2214/2014-15/15519 Date: 21/11/2014

EXPRESSION OF INTEREST FOR GROUP HEALTH INSURANCE POLICY FOR EMPLOYEES OF NATIONAL HEALTH MISSION, ASSAM

National Health Mission, Assam invites "Expression of Interest" (EOI) from IRDA Accredited Insurance Companies for Group Insurance Policy for its employees and their family members. Interested Insurance Companies may visit the website www.nrhmassam.in for the "Details of EOI" and submit their Expressions of Interest with requisite credentials so as to reach the office of the Mission Director NHM Assam, on or before 05/12/2014 (before 2:00 PM).

-sd/-Mission Director, NHM, Assam



National Health Mission, Assam SAIKIA COMMERCIAL COMPLEX, SRINAGAR PATH, CHRISTIANBASTI, G.S ROAD, GUWHATI 781005

No: NHM/HR/GRP-INS/2214/2014-15/ Date: 21/11/2014

DETAILS OF EOI

FOR GROUP HEALTH INSURANCE POLICY FOR EMPLOYEES OF NATIONAL HEALTH MISSION, ASSAM

1) BACKGROUND

The National Health Mission has been launched to carry out necessary architectural correction in the basic health care delivery system. The Mission adopts a synergistic approach by relating health to determinants of good health viz. segments of nutrition, sanitation, hygiene and safe drinking water. It also aims at mainstreaming the Indian systems of medicine to facilitate health care. The Plan of Action includes increasing public expenditure on health, reducing regional imbalance in health infrastructure, pooling resources, integration of organizational structures, optimization of health manpower, decentralization and district management of health programmes, community participation and ownership of assets, induction of management and financial personnel into district health system, and operationalizing community health centers into functional hospitals meeting Indian Public Health Standards in each Block of the Country. The Goal of the Mission is to improve the availability of and access to quality health care by people, especially the poor, women and children.

2) SCOPE & OBJECTIVE

To facilitate financial access to health services for all serving contractual employees of NHM Assam and their families, the Mission wishes to introduce Medical/Health Insurance Plan through an experienced, licensed and registered Insurance Provider capable of implementing and managing a transparent, efficient, cost effective and sustainable Medical/Health Insurance Plan.

The detailed "Scope of Work" is described at Schedule-01

3) INVITATION FOR "EXPRESSION OF INTEREST

NHM Assam invites "expressions of interest" from IRDA Accredited Insurance Companies for Group Insurance Policy for its employees and their family members. Expressions of interest along with prescribed documents must be submitted at the office of the Mission Director, National Health Mission, Assam on or before 2:00 PM of/2014.

A brief of the requirements have been described in the following sections:

4) **CREDENTIALS**

Only agencies having the following credentials are requested to respond:

- a) The agency should be an IRDA Accredited Insurance Company.
- b) The agency should have experience of providing Group Medical/Health Insurance cover to employees of Government/Semi Government organizations during the past 5 financial years.
- c) The agency should have satisfactory Medical Claims Settlement record.
- d) The agency should have Average Annual Turnover of at least Rs 500 Crores during the last three financial years 2011-12, 2012-13 & 2013-14.

5) **EVALUATION / SELECTION PROCEDURE:**

Evaluation / selection shall be carried out in the following stages:-

- (i) A selection committee of NHM, Assam, shall go through the documents of the agencies and prepare the list of agencies fulfilling the eligibility conditions.
- (ii) The shortlisted agencies will be called for making presentation on technical and commercial parameters to demonstrate their capabilities and experience covering, inter-alia, the following areas:
 - a) Company Profile Management Structure, Main Business & Areas of Specialization, Duration of Business, Service Centres in Assam etc
 - b) Key Corporate Clients, Value of Contracts and Salient Features of Contract/Agreement with Clients
 - c) List of Empanelled Hospitals in the State of Assam and in the cities of Mumbai, Kolkata, Delhi and Chennai
 - d) Details of Third Party Administrators and their role & responsibilities.
 - e) Stepwise business/enrollment/claim process
 - f) Profit & Loss Account of the last three financial years and Net Worth.
- (iii) Based on inputs received against this EOI a tender will be issued amongst the short listed agencies. They will be required to submit their bids in two parts technical bid & price bid. Price bids of the agencies found to be technically acceptable shall be opened in presence of bidders.

6) PARTICULARS/DOCUMENTS TO BE SUBMITTED WITH SEAL / SIGNATURE AND A COVERING LETTER IN THE PARTY'S LETTERHEAD:

(i) Details of the establishment:

a. Name and address of the agency with e-mail ID and contact numbers

- b. Address of Service Centres in Assam with e-mail ID & contact numbers
- c. Attested/notarized copy of Certificate of Incorporation
- d. Attested/notarized copy of IRDA Certificate
- e. Attested/notarized copy of VAT/Service Tax Registration Certificate
- f. Attested/notarized copy of Permanent Account Number (PAN) Card.
- g. Any other useful information.

(ii) Details of Experience & Financial Standing:

- a. Average Annual Turnover during the last three financial years certified by Auditor/Chartered Accountant in the format at Annexure-A
- b. Claims Settlement Performance during the last three financial years certified by Auditor/Chartered Accountant in the format at Annexure-B
- c. Attested/notarized copies of at least 3 contracts for Group Medical/Health Insurance executed for Government/Semi Government organizations during the last 5 financial years.

(ii) Other Details:

- a) List of empanelled general hospitals and super speciality hospitals in Assam and in the cities of Mumbai, Kolkata, Delhi and Chennai
- b) List of Third Party Administrators with locations

7) LAST DATE AND TIME OF SUBMISSION OF EOI: 2:00 PM of .../..../2014.

Interested agencies are requested to send their expression of interest in a sealed envelope, along with supporting credentials, so as to reach NHM Assam on or before 2:00 PM of .../.../2014 at the following address. The envelope should be super-scribed / marked with: "EOI FOR GROUP HEALTH POLICY FOR NHM ASSAM"

8) PLACE OF SUBMISSION:

Office of Mission Director,
National Health Mission, Assam,
SAIKIA COMMERCIAL COMPLEX, SRINAGAR PATH,
CHRISTIANBASTI,
G.S ROAD,
GUWHATI 781005

ANNUAL TURN OVER STATEMENT

The Annual Turnover of M/.s				for the past three		
years are giv	ars are given below and certified that the statement is true and correct.					
S.No.	Financial Year			Turnover (Rs in Lakhs)		
(i)	2010-11					
(ii)	2011-12					
(iii)	2013-14		-			
		Total -	Rs	Lakhs		
Average Annual Turnover			Rs	Lakhs.		
Date:				Signature of Auditor/ Chartered Accountant		
Seal:				(Name in Capital)		

CLAIM SETTLEMENT PERFORMANCE

past three years are given below and certified that the statement is true and correct.					
S.No.	Financial Year	Claim Settlement Ratio (%)			
(i)	2010-11				
(ii)	2011-12				
(iii)	2013-14	-			

Date:
Signature of Auditor/
Chartered Accountant
(Name in Capital)