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(A Government of India Undertaking)
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TENDER NOTICE

Sealed tenders are invited in the form of Technical and Financial bids from experienced TPAs to work as intermediary in 11 Districts of Uttar Pradesh for **Cluster-6** (namely Azamgarh, Ballia, Mau, Chandauli, Ghazipur, Jaunpur, Varanasi, Ambedkar Nagar, Barabanki, Faizabad, Sultanpur). The Tenders in the prescribed format must be submitted on or before 6th March 2012 till 11:00 A.M. and the tenders would be opened in presence of the bidders at 04:00 P.M. on the same day at Regional office, 43 Hazratganj, Lucknow.

The eligibility criteria and specification of smart card and various functions of Intermediary and other details may be obtained from the undersigned on any working day or the same can be downloaded from our companies website. The Company reserves the right to reject any bid without assigning any reason or assign the job to more than one TPA or allot the work to TPAs matching the lowest quote.

(Raj chandra)
Senior Divisional Manager

ELIGIBILITY CRITERIA FOR TPAs

1. The TPAs should have IRDA license to act as a TPA for mediclaim
2. They should have All India presence and worked in 15 Districts.
3. They should have issued at least 5 lakh cards.
4. They should have made at least 50000 online claim settlements
5. They should have uploaded at least 7.5 lakhs data on the RSBY server, MOLE, Govt. of India through back end data transfer
6. They should have at least 250 Networks Hospitals across the country exclusively for RSBY.
3. They should have experience of handling group health insurance scheme covering at least 40000 members each year for the last 3 years i.e. 2007-08, 2008-2009 and 2009-2010 and/or serviced RSBY scheme in any State.
4. The TPA who has serviced RSBY scheme should not have been black listed by the Govt. or Insurance Co and MUST produce a satisfaction and completion certificate from the competent authorities (State Govt./ Insurance Co.) Three Number at least, failure of which may lead to rejection of the bid.
5. They should have infrastructure for electronic communication and paperless service including their Website.
6. They should have fully functional offices in the state of UTTAR PRADESH or setup there offices at State and at allotted District Level.
7. It will be an added advantage if they have experience of issuing smart card for implementation of Health Insurance scheme.
8. **TPA should have at least 2 smart card providers capable of setting up teams for enrolment of BPL families whose names should be mentioned along with the consent letter from the vendors, in the technical bid.**
9. **They (Smart card providers) should have the capacity to have a minimum of 20(Twenty) teams with suitable infrastructure, in each District for enrolment of BPL families. Issuance of smart cards on the spot with capacity to increase the number depending upon the requirement of the Government of Uttar Pradesh.**
10. **The TPA should have worked in RSBY in any state of India & they are not given any warning letter either by State Government or by the Insurance Company.**
11. **TPA with their own smart card company will be given preference.**
12. **The company reserve s the right to engage one or two TPA s. In case it is decided to engage second TPA, the second lowest bidder will be offered to match the lowest rate. If the second lowest bidder refuses to so, the chance will be given to the next lowest bidder & so on.**

SCOPE OF WORK

The Scope of work of the TPA would be implementation of RSBY Scheme which includes the following:-

1. Enrolment of BPL families at the village level under RSBY scheme
2. On the spot Issuance of smart Cards to BPL Families at the enrolment centers in a plastic jacket.
3. To tie up with the Govt. /Private Hospitals/Nursing Homes for cashless service at agreed prices of RSBY scheme.
4. To organize periodic health camps at block/district level as required.
5. Provide Bima Mitra Services to the BPL families through NGOs & /Asha workers.
7. To settle claims of Health Service providers through E transactions.
8. To develop software required for Transactions and Back end Data Management
9. To provide services of Kiosks as District Centre and Toll free Number at their Project Office.
10. To go-in for massive publicity through various channels to ensure maximum enrollment
11. To organize workshops at District, Regional and State levels on the advise of State Government & Insurance Company.
12. To organize workshops with NGOs, Health care providers or any other stake holders.
13. To provide MIS as may be required by the Government, including daily reports of enrollment and claims transactions to GOI, GOUP & Insurance Company.

14. The village - wise road map of enrollment should be put on the Website of the TPA. They must upload the daily progress of enrolment on their website so that the stake holders of the scheme can view it on real time basis.
15. TPA will share route chart of the enrollment process 7 (Seven) days prior with us & SNA.
16. TPA will share a report of daily enrollments done on daily basis and weekly report of enrollments containing family analysis with us & SNA.
17. TPA will share with us & SNA real time reports of claim data analysis and payment details of various network hospitals.
18. TPA will confirm that card be delivered on spot to the beneficiary at the time of enrollment. And will submit a certificate from field officer in field at the time of enrollment and same will be submitted along with bill for premium release for that particular month.
19. TPA will give a certificate to Government that their district Kiosk is functional and sufficient number of Hospitals are active in concerned district before starting enrollment.
20. To do all related work, job required / allotted by the State Govt/ Govt. of India for implementation of RSBY.
21. To install and maintain District Server in each District, to be installed in a place to be decided by us.
22. All IEC , BCC before & during enrollment process .
23. The TPAs will send their Doctors for verification of patients admitted in the Empanelled Hospitals to know whether proper treatment and care is being given by the Hospitals. Also see all test reports to know whether proper treatment and rates are being charged as per package rates in claims exceeding Rs.5,000 per claim.
24. The TPA will hand over the data (enrolment data of figure print, photographs etc.) in hard disks after completion of enrolment to the Insurance Company. The TPA will also furnish CD of beneficiaries enrolled in the previous month within three days of end of the month to State Nodal Agency with one copy to Insurance Company for raising the bill. Similarly the TPAs will also furnish the claim data (data of claims reported,paid,rejected and pending etc.) in Hard Disk (two sets – one for State Nodal Agency and one for Insurance Company) within 15 days from closure of the policy period.

SECURITY DEPOSIT

The empanelled TPAs would deposit with the Company a sum of **Rs. 3.00 lacs (3 lacs)** as interest free security money at the time of signing of MOU for each **district** . In the event the empanelled TPA do not undertake the job or breach the contract, the security money would be forfeited. More details are given in the functions of TPA.

FUNCTIONS OF TPA

1. TPA should work as our intermediary who will undertake various jobs connected with the implementation of Rashtriya Swasthya Bima Yojna of the Central and State Govt as described in the scope of work. In short, they will work as a facilitator between the BPL family and the health providers and coordinate with various agencies of the State and Central Govt. including nodal agencies. They will appoint Bima Mitra/ Asha workers through NGOs who will discharge various functions like facilitation for enrolment of BPL families, helping BPL families to avail medical facilities in the hospitals/nursing homes, massive publicity to augment awareness of the scheme etc.
2. The TPA should arrange State level workshops/ Regional level workshops/District level workshop for action plan and also for training of FKO (Field Key Officer) are to be arranged within 3 days from the date of allotment/ selection of TPA.
3. They will arrange tie-up with hospitals both Private and Govt. sector fulfilling minimum eligibility conditions for providing cashless service to the beneficiaries as per schedule of rates prescribed by Govt. of India in consultation with us.

4. The hospitals/nursing homes should have infrastructure to read and manage smart card transaction and provide paperless service through electronic communication. Their payment will be through E-Transfer.
5. For any breach of schedule for workshop or schedule of enrollment of BPL family or schedule of village visit for enrollment of BPL family the Company will be at liberty to terminate MOU/Contract with TPA immediately & forfeit the security deposit of TPA.
6. The TPA would facilitate purchase of smart card readers at the hospitals.
7. **The TPA will provide and maintain hospital kit in the Government Hospitals, CHCs and other Govt. institution, as per the list of hospitals in the annexure to the Tender Document of Govt. of Uttar Pradesh, at their cost.**
8. **The TPA will provide and maintain hospital kit in the Government Hospitals, CHCs and other Govt. institution, as per the list of hospitals in the annexure to the Tender Document of Govt. of Uttar Pradesh, at their cost.**
9. Failure to equip the hospitals/nursing home with hardware/software for operation of Smart card would entail cancellation of contract with TPA
10. The hospital nursing homes would provide cashless service to BPL families covered by other insurance companies through their smart cards.
11. The TPA should empanel at least 10 private hospitals & all public hospitals in each designated district.
12. The TPA will ensure organization of Health Camps in coordination with the empanelled hospitals on periodic basis as per requirement of the State Government at Distt./ Block level as per Tender Document.
13. The MoU between TPA and the health providers should be vetted by us/ GoUP .
14. They will undertake publicity of the above scheme in the designated districts at their cost for the purpose of enrollment and health camp. No additional budget would be allotted for the same.
15. **They will set up project office at the state level and also open and maintain a call center for 24 hours with five toll free lines. 24 hour Help line should be effective and District Kiosks should be setup within 7 days of selection of TPA and/or before commencement of enrollment in the district.**
16. They should set up kiosk in every district centre for issuance of duplicate smart card and allied job including enrolment of left out BPL families.
17. They will organize State level workshop where all the health service providers and smart card providers and the State Govt. officials would be invited for implementation of the above scheme.
18. Similarly, they would organize district level & Block level workshop also where in addition to the above agencies, BPL beneficiaries would also participate.
19. They will set up grievance redressal mechanism for attending customer's grievance.
20. They will set up machinery to resolve dispute of the beneficiaries, if any. If not resolved, arbitration proceedings have to be adopted.
21. They will be responsible for issuance of smart card to the BPL families in a time bound programme at the village level as decided by the Govt. of Uttar Pradesh. Failure to do so would invoke penalty clause.
22. The company will decide the quantum of penalty in case of failure to issue smart card within the time schedule fixed by the Govt. Repeated failure would entail cancellation of contract/MOU with TPA and forfeiture of security deposits.
23. The quality check of the smart card would remain with the Govt. of Uttar Pradesh and in case the quality of the card is not up to the mark, necessary deductions would be made from the bill and/or security deposit. In addition the Company shall have the right to cancel the work order.
24. They will also shoulder all responsibilities of the smart card provider for which they may enter into the MoU with the smart card provider. The said MoU, before signing, should be vetted by us. The names of smart card venders should be mentioned in the tender documents.
25. TPA would not sublet any part of their job to any third party except as allowed namely engaging the smart card providers and NGOs.
26. TPA should not engage more than one smart card provider in each district.
27. TPA should ensure that the smart card providers do not sublet the job to any other smart card providers. Contravention of this condition would entail invocation of penalty clause and even cancellation of work order.

28. It will be the responsibility of TPA to ensure that the smart cards are printed at the enrolment station and handed over to the BPL families on the spot. Failure to do so would attract penalty clause.
29. The smart card providers should have the capacity to run at least 20 enrolments centers in each district at the same time. However they should set up more enrolment centers if required.
30. They will undertake each and every job on behalf of The Oriental Insurance Co. Ltd. which is entrusted by the Govt. of Uttar Pradesh in connection with the above scheme. In other words, all the required jobs of the insurer connected with the above scheme as entrusted by the State Govt. and Central Govt. should be discharged by them with the full satisfaction of all concern. For clarity, they may study the documents highlighting the job of the intermediaries, health providers and the insurers prepared by the Ministry of Labour, Govt. of India, available in their website as also the tender document of Govt. of Uttar Pradesh.
31. 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 insurer and the Govt. of Uttar Pradesh / Govt. of India.
32. A separate kit will be installed at block level CHC/PHC to cover beneficiaries of the entire block during the entire time period of enrollment in that block. A kit will also be installed at sub center till enrollment is running in its villages.
33. It will be the responsibility of the TPA to deploy resources as per details given below to cover entire enrollment data in each of project district:
 - i) **Enrollment Kits**- An enrollment kit includes at least A smart card printer, Laptop, two smart card readers, One fingerprint scanner, web camera, certified enrollment software and any other related software.

There should be minimum enrollment kits requirement as below:

No. of Enrollment Data in project district	Minimum number of Kits Required
<35000	10
35000 to 70000	15
70000 to 100000	20
100000 to 150000	30
150000 to 200000	40
200000 to 300000	60
>300000	75

ii) Minimum manpower resource deployment as below:

- One operator per kit (Educational Qualification - minimum 12 pass, minimum 6 months of diploma/certificate in computer, preferably be from local district area, should be able to read, write and speak in Hindi)
- One supervisor per 5 operators (Educational Qualification - minimum Graduate, minimum 6 months of diploma/certificate in computer, preferably be from local district area, should be able to read, write and speak in Hindi and English)
- One Technician per 10 Kits (Educational Qualification - minimum 12 pass and diploma in computer hardware, should be able to read, write and speak in Hindi and English)
- One IEC coordinator per 5 Kits
- One Manager per 5 supervisors (Educational Qualification - minimum post graduate, minimum 6 months of diploma/certificate in computer, should be able to read, write and speak in Hindi and English)

iii) These resources should be deployed from the first week of the start of the enrollment process in the district.

34. All claims uploaded electronically will be deemed approved if they are not being rejected by the TPA within 3 working days. This will be the responsibility of the TPA to analyze each claim received electronically within 3 working days and take decision on these claims. If any claim received electronically and that has not been rejected within three working days they will be deemed approved.

35. It will be the responsibility of the TPA to provide the cause of rejection to the hospital electronically within 3 working days from the receiving of electronic claim. The service provider will be provided with contact details of appellate Authority along with each letter of denial of claims.
36. . If TPA fails to provide the cause of rejection of any claim to the hospital within 3 working days such claims will be deemed approved. For any approved claim which has been not rejected within 3 working days, is found untenable then prior approval is to be taken from the State Nodal Agency to reject such claims.
37. TPAs should ensure that the smart card providers issue the smart cards as per the specification asset out by the Ministry of Labour, Govt. of India. However, the specification of smart card and other details are reproduced below:
38. **In the event of failure to issue smart cards as per schedule of the Govt., a penalty not exceeding Rs.50,000/- may be imposed by us and recovered from bill/security deposit on the first occasion in each district. The penalty may be increased to not exceeding Rs. 100000/ - for lapse on the second and each subsequent lapse. Repeated failure to adhere to the time schedule will entail cancellation of contract and forfeiture of security deposit. The company will be at liberty to cancel the work order for non-compliance of functions enlisted above under the heading FUNCTIONS OF TPA and SCOPE OF WORK .**
39. For any breach of schedule for workshop or schedule of enrollment of BPL family or schedule of village visit for enrollment of BPL family the Company will be at liberty to terminate MOU/Contract with TPA immediately & forfeit the security deposit of TPA.

SPECIFICATIONS AND OTHER DETAILS OF SMART CARD

The specifications and other details will be strictly in accordance with the Tender Document of the Government of Uttar Pradesh BID No: 9401/RSBY/2011-12 dated 28.11.2011 and/or as specified by the Govt. of India and any subsequent amendments thereof. The details are broadly as under. However, the details as mentioned in the Tender Document will be valid in case of any dispute.

Government of India, Ministry of Labour & Employment is going to launch a Smart Card based health insurance scheme, Rashtriya Swasthya Bima Yojna for BPL workers in unorganized sector. The technical specifications of this smart card, devices and infrastructure to be used under this project are mentioned in the ensuing paragraphs:

The ownership of the smart card project and that of complete data – whether captured or generated as well as that of smart cards lies with government of India, Ministry of Labour and employment.

1. Goals of Smart Health Insurance Card program are as under:

- 1.1 Allow verifiable and non-reputable identification of the Health Insurance beneficiaries at Point of transaction.
- 1.2 Validation of available insurance cover at point of transaction without any documents.
- 1.3 Support multi vendor scenario for the scheme.
- 1.4 Allow usage of the Health Insurance Card across states and Insurance providers.
- 1.5 Develop smart card interoperability across all States in India.
- 1.6 Establish a set of mandatory requirements with optional value-added services.
- 1.7 Build in the capability to add multiple applications and migrate to advanced open platform technologies.

2. SMART CARD:

2.1 OVERVIEW

A smart card is credit card-sized device that contains one or more integrated circuits and also may employ one or a combination of the following machine-readable technologies in addition to the Chip – contact less radio frequency antenna, biometric information, encryption and authentication or photo identification may also be used/added to the card depending on requirements.

The integrated circuit chip embedded in the smart card can act as micro controller or computer. Data are stored in the chip's memory also contains the micro controller chip operating system, communications software, and can also contain encryption algorithms to make the application software and data unreadable & secure from tampering. When used in conjunction with the appropriate applications, smart cards can provide enhanced security and the ability to record, store and update data.

SYSTEM COMPONENTS:

- 2.2.1 Beneficiary enrollment
- 2.2.2 Smart Cards,
- 2.2.3 Smart card Devices
- 2.2.4 IT Backend
- 2.2.5 MIS
- 2.2.6 Helpline & Call centre

3. ROLE OF SMART CARD PROVIDER IN RESPECT TO SMART CARD SERVICES(as mentioned in tender document)

The Smart Card Provider would supply smart cards in conformity to following specifications:

- 3.1 Set up District office
- 3.2 Ensure availability of server to hold district wise RSBY data pertaining to both enrollment & transactions
- 3.3 Ensure availability of validated data prior to enrollment
- 3.4 Configure the data received as per specifications for enrollment
- 3.5 Ensure availability of certified software for enrollment and transactions as well as the district server activities. The software should conform to the specifications on our website www.rsby.in
- 3.6 Roster creation for enrollment with support of district authorities
- 3.7 Beneficiary enrollment & smart card issuance as per process defined in the RSBY manual
- 3.8 Ensure quality of smart card and it's printing as per defined in tender document. The cards should be handed over in a plastic cover.
- 3.9 Dispatch of enrollment data to MoLE in prescribed format for backend database within the agreed time frame.
- 3.10 Ensure security of data against loss as well as leakage. It is expected that daily data backup would be taken. In case of data loss, it is the insurance company's responsibility to ensure reissuance of cards.
- 3.11 Provide training to beneficiaries on usage & features of smart cards at the time of card issuance
- 3.12 Provide training to hospital designated officials, government staff & other non government organizations as required on features of the smart card based system & usage of devices
- 3.13 Supply & maintenance of smart card devices as per specifications given in this document.
- 3.14 Provide easily understandable user guides & manuals in local language, English & pictorial format with simple troubleshooting tips with every smart card device
- 3.15 Provide a free of cost facility for card balance read & print for the beneficiary
- 3.16 Ensure smooth transfer of data from hospitals to district server of insurance company. Further transfer this transaction data in the prescribed format to MoLE at the agreed intervals.
- 3.17 Set up the district kiosk for modification and reissuance of cards at the district level in case of
 - lost or damaged card
 - splitting of cards (2 cards for the family)
 - Addition of members from data on the server to the issued card in case all 5 members were not enrolled at the time of card issuance.
- 3.18 Set up a helpline for addressing any device or card related queries or problems faced by beneficiaries, hospital staff and insurance companies at the district level.
- 3.19 Provide a district wise plan for enrollment, empanelment of hospitals and device maintenance at the time of signing the contract with the state government.
- 3.20 Provide a business continuity plan for conducting transactions at hospitals

NOTE: DETAILED PLAN FOR MAINTENANCE OF DEVICES AND HELPLINE SHOULD BE SUBMITTED ALONGWITH TENDER DOCUMENTS.

4. PROCESS

(Please refer Tender Document of GoUP dated 24.06.2010 for detail)

4.1 Beneficiary Enrollment

- 4.1.1 Text Data as available related to Beneficiaries shall be provided to TPA/smart card provider by the State Nodal Agency.
- 4.1.2 Smart card service provider shall provide a roster for enrollment camps at the defined locations, to the Nodal agency.
- 4.1.3 The smart card provider & Nodal agency shall carry out a campaign for spreading awareness about the enrollment activity in the defined locations to ensure availability of maximum number of beneficiaries.
- 4.1.4 Simultaneously the BPL list should be posted prominently in the village at least before three days of enrollment.
- 4.1.5 Smart card service provider shall ensure availability of sufficient Enrollment stations and personnel to man them as per the defined roster and specifications below.
- 4.1.6 At the camp, the government official shall identify every beneficiary in the presence of the smart card provider representative.
- 4.1.7 A copy of the database shall also be maintained at local level for verification purposes which will be synchronous with the Central Server on a day to day basis.
- 4.1.8 A copy of the database shall also be maintained at local level for verification purposes which will be synchronous with the Central Server on a day to day basis

4.2 Personalization & Issuance of Smart cards

- 4.2.1. The Personalization application would work only in presence of Master key card of the authorized representative.
- 4.2.2. The Unique Relationship Number (URN) would be generated for each beneficiary family, keys inserted, Card printed physically & Chip personalized on site after completion of Beneficiary enrollment.
- 4.2.3. The card would be handed over to the beneficiary after verification of fingerprints by the smart card provider along with a booklet providing
 - Key features of the scheme
 - Helpline numbers
 - Process for re-issuance of cards
 - Cost in case of re-issuance of card
 - Details of Network Health service providers
 - All other details required for smooth usage of card
- 4.2.4. At the end of each day or completion of Enrollment & Personalization at a single location, whichever is earlier, the data so collected and generated would be transmitted to the central server. This data must reach the server within the time span defined. No further enrollments would be possible until the data is backed up.
- 4.2.5. A copy of the database shall also be maintained at local level for verification purposes which will be synchronous with the Central Server on a day to day basis.

4.3 SUPPLY AND MAINTENANCE OF SMART CARD DEVICES

1. The Devices for Read & Update of Smart cards (as per specifications provided) would be procured and installed by the smart card provider in consultation with insurance company who (smart card provider) would also be responsible for the maintenance of these devices. However, the payment for the devices would be made by Health service providers. TPA will do the payment for Public service providers.
2. Before such installation, the smart card provider would arrange for the training on usage & troubleshooting of these devices.

3. The smart card provider shall arrange to ensure a service network in the designated areas such that the uptime agreed upon for the devices is maintained and the dispersal of Health insurance to beneficiaries is not jeopardized due to non-functioning of devices.
4. Prior to installation of the 1st device, the smart card provider would conduct thorough testing of the application to ensure that it conforms with the guidelines set for it and that the data capturing, calculation and transmission is as per agreed formats. Similar testing should be conducted at random intervals during the life cycle of the project.
5. The smart card provider shall also arrange to set up a help line to address the queries/ problems/ requests of the beneficiaries

4.4 RE-ISSUANCE OF A CARD

- 4.4.1 In case a Card is reported as lost missing or damaged should be marked as Hot Listed in the backend (Local and Central Server). The details (URD) of all Hot Listed cards must be transmitted to the connecting Devices immediately.
- 4.4.2 The devices should not accept any Hot Listed cards and a Warning message flashed in case such a card comes in for transacting.
- 4.4.3 The beneficiary will go to the nearest permanent kiosk for Re-issuance of Card.
- 4.4.4 The existing data including Text details, images, finger prints & transaction details shall be pulled up from the server. Based on these details a fresh card will be immediately issued to the Beneficiary family.
- 4.4.5 The cost of the Smart card would be paid by the beneficiary at the kiosk, as prescribed by the nodal agency in the contract

4.5 CARD SPLITTING

In case the Beneficiary wishes to split the insurance amount available between two cards to help avail the facilities at two diverse locations.

- 4.5.1 The beneficiary will go to the nearest permanent kiosk for splitting of Card. The existing data including Text details, images & transaction details shall be pulled up from the server.
- 4.5.2 The fingerprints of all family members shall be verified against those available in card.
- 4.5.3 The splitting ratio should be confirmed from the beneficiary.
- 4.5.4 The cost of the additional Smart card would be paid by the beneficiary at the kiosk, as prescribed by Nodal Agency at the time of contract.
- 4.5.5 Based on these details a fresh card will be immediately issued to the beneficiary family and the existing card modified. Both cards would have details of all family members.
- 4.5.6 Fresh and modified data shall be uploaded to the central server

4.6 CARD MODIFICATION

This process is to be followed under the following circumstances,

- Only the head of the family was present at the time of enrollment and other family members need to be enrolled to the card, or, in case all or some of the family members are not present at the enrollment camp.
 - In case of death of any person enrolled on the card, another family member from the same BPL list and other non-BPL beneficiary list (if applicable) is to be added to the card.
- 4.6.1 In case a family member is to be added or removed from the card, the beneficiary will go to the nearest same district kiosk for modification of Card.
 - 4.6.2 A new photograph of the family shall also be taken for the database.
 - 4.6.3 Fingerprint in case of addition of member shall also be captured.
 - 4.6.4 The existing details shall be modified in the database (Local and Central Server) and the Chip of the card

KEY MANAGEMENT SYSTEM (KMS)

The Smart Card system shall function under a central Key Management System (KMS) to be implemented by Ministry of Labour, for the data and card security. The KMS shall provide the following security features:

- To prevent generation & issuance of fake Health Cards, by providing mechanisms to verify authentic cards.
- To protect on-card data against illegal tampering.
- To enable performance of post issuance card transactions at various locations by authorized agencies only.

5. Enrollment station

Though three separate kinds of stations have been mentioned below, it is possible to club all these functionalities into a single workstation or have a combination of workstations perform these functionalities (2 or more enrollment stations, 1 printing station and 1 issuance station). The number of stations will be purely dependent on the load expected at the location.

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

- Computer with Power backup for at least 8 hours
- Optical Biometric Scanner for Fingerprint capture
- VGA Camera for Photograph capture
- 3 PCSC compliant Smart Card readers
- 1 Fingerprint scanner (for verification of FKO & beneficiary)
- Smart Card Printer with smart card encoder
- Data Backup facility
- Licensed system Software
- Certified Enrollment, Personalization & issuance Software.

5.1. Minimum Specifications for hardware & software

5.1.1 Hardware Components:

Computer (1 in number)	<ul style="list-style-type: none"> ▪ This should be capable of supporting all other devices required. ▪ It should be loaded with standard software as per specifications provided by the MoLE.
Biometric Finger print Scanner / Reader Module (1 in number)	<ul style="list-style-type: none"> ▪ Thin optical sensor ▪ 5v DC 500mA (Supplied via USB port) ▪ Operating temperature range: 0c to 40c ▪ Operating humidity range: 10% to 80% ▪ Compliance: FCC Home or Office Use, CE and C-Tick ▪ 500 ppi optical fingerprint scanner (22 x 24mm) ▪ USB 1.1 Interface ▪ Drivers for the device should be available on Windows or Linux platform ▪ High quality computer based fingerprint capture (enrolment) ▪ Preferably have a proven capability to capture good quality fingerprints in the Indian rural environment ▪ Capable of converting fingerprint image to RBI approved ISO 19794-2 template. ▪ Preferably Bio API version 1.1 compliant
Camera (1 in number)	<ul style="list-style-type: none"> ▪ Sensor: High quality VGA ▪ Still Image Capture: up to 1.3 mega pixels (software enhanced). Native resolution is 640 x 480 ▪ Automatic adjustment for low light conditions
Smart card Readers (2 in number)	<ul style="list-style-type: none"> ▪ PC/SC and ISO 7816 compliant ▪ Read and write all microprocessor cards with T=0 and T=1 protocols ▪ USB 2.0 full speed interface to PC with simple command structure ▪ PC/SC compatible Drivers
Smart card printer (1 in number)	<ul style="list-style-type: none"> ▪ Supports Color dye sublimation and monochrome thermal transfer ▪ Edge to edge printing standard ▪ Integrated ribbon saver for monochrome printing ▪ Prints at least 150 cards/ hour in full color and up to 1000 cards an hour in monochrome ▪ Minimum Printing resolution of 300 dpi ▪ Compatible with Windows / Linux ▪ Automatic or manual feeder for Card Loading ▪ Compatible to Microprocessor chip personalization
Telephone Line (1 in number)	<ul style="list-style-type: none"> ▪ This is required to provide support as a helpline
Internet Connection	<ul style="list-style-type: none"> ▪ This is required to upload/send data

1.1.1. Software components:

The software for issuing smart cards and usage of smart care services shall be the one provided by the Central Government.

Operating System	▪ Vendor can adapt any OS for their software as long as it is compatible with the software
Database	▪ Vendor shall adapt a secure mechanism for storing transaction data
System Software	▪ District Server Application Software <ul style="list-style-type: none">• For generation of URN• Configuration of enrollment stations• Collation of transaction data and transmission to state nodal agency as well as other insurance companies ▪ Beneficiary enrollment software ▪ Card personalization and issuance software ▪ Post issuance modifications to card ▪ Transaction system software [NOTE: It is the insurance company's responsibility to ensure in-time availability of these software's. All these software's must conform to the specifications laid down by MoLE. Any modifications to the software for ease of use by the insurance company can be made only after confirmation from MoLE. All software would have to be certified by competent authority as defined by MoLE.]

6 SMART CARDS

6.1 Specifications for Smart Cards

Card Operating System shall comply to SCOSTA standards ver. 1.2b with latest addendum and errata.(refer web site <http://scosta.gov.in>) Health service providers The Smart Cards to be used must have the valid SCOSTA Compliance Certificate from National Informatics Center, New Delhi (refer <http://scosta.gov.in>). Exact Smart card specifications are listed as below.

6.1.1 SCOSTA Card

- Microprocessor based Integrated Circuit(s) card with Contacts, with minimum 32 Kbytes available EEPROM for application data.
- Compliant with **ISO/IEC 7816-1,2,3**
- Compliant to **SCOSTA 1.2b Dt. 15 March 2002** with latest addendum and errata
- Supply Voltage 3V nominal.
- Communication Protocol T=0 or T=1.
- Data Retention minimum 10 years.
- Write cycles minimum 100,000 numbers.
- Operating Temperature Range -25 to +55 Degree Celsius.

- Plastic Construction PVC or Composite with ABS with PVC overlay.
- Surface – Glossy.

6.2. Visual Inspection Zone (VIZ)

(The lay out design for the card will be available at the website of Ministry of Labour, Government of India). The department envisages having the following information printed on the face Smart card:

- Name of the cardholder (In English & Vernacular)
- Date of Birth
- Gender (Male / Female)
- Unique Relationship Number (URN)
- Photograph of the head of the family

6.3. Machine Readable Zone (MRZ)

The Health Insurance application would allow the basic medical and insurance data to be stored on the card and read, when appropriate, by providers (Health service providers / nodal agencies etc). Additionally, the Health Insurance application can be used to populate claim forms. Agencies could use this application for ascertaining insurance status. The card provides information about the cardholder's insurance coverage. This data may be used at Government or private health service providers, as well as during the claims submission process. Exact Card Memory Layout for the MRZ shall be made available through project web site of the Central / State Government.

Demographic (Card Holder) data

Field Name	Remarks
Version	Number
Unique Relationship Number (URN)	Randomly generated unique number across India
Name of Applicant	Character
S/O	Character
Door / House No.	Character
Village	Character
Panchayat / Town	Character
Taluka	Character
District	Character
Pin	Numeric
Occupation	Character
Annual Income	Numeric
Finger ID	Numeric
Finger Print	Minutia Template as per ISO 19794
Date of Birth	Date
Place of Birth	Character
Photograph	Image

(Names of each of the family member eligible for benefits to be provided)

Dependent details (No. of dependants TBD) – maximum 4

Dependent	Character
Member name	Character
Gender	Character
Relation	Character
Date of Birth	Date

Finger ID	Numeric
Finger print	Minutia Templates as per ISO 19794

INSURANCE DETAILS

Insurance Company Code	Character
Policy No.	Character
Sum Insured	Number
Sum Utilized	Number
Policy Start date	Date
Policy End date	Data
Scheme Code	Character

In addition to the above the card would maintain the last 10 transactions – the format of data required for transactions would be available on our website. 3DES(Data Encryption Standards) should be adopted for the purpose of security.

6.4 Cardholder authentication

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

6.4.1 Generation of Unique Relationship Number:

A 17 digit Unique Relation Number (URN) would be issued to all customers across India. The following parameters would be considered for generating the unique RN

1-5	-	Serial no.
6-7	-	Year of birth
8	-	Gender
9-10	-	State
11-16	-	Location (Village code/Municipality Code)
17	-	Check Digit

The guidelines with regard to generation of URN number as well as those relating to Card Mapping / Application, Application & Data Management and Key Management which are required for interoperability of cards PAN India will be issued separately.

7. Mobile Handheld Smart Card Device:

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

The device would be loaded with standard software as per specifications provided by the Ministry of Labour, Government of India.

The main features of these devices are:

- Reading and updating Microprocessor Smart Cards
- Fingerprint verification
- They should be programmable with inbuilt security features to secure against tampering.
- Memory of Data storage
- Capable of printing receipts without any external interface
- Capable of data transfer to Personal computers and over phone line
- Rechargeable Batteries

7.1 Specifications

- A minimum internal memory of 32 MB
- At least 2 Full size smart card reader
- AT least 1 SAM slot
- Back -lit graphic display
- Numeric Keypad with at least Function keys for Accept, Clear, Cancel and Navigation keys.
- Inbuilt integrated Printer
- Optical biometric Verification capability.
 - Verification time less than 10 sec.
 - Allowing 1:1 verification in the biometric module.
 - ISO 19794 – 2 compliant verification.
- Optical buzzer
- Rechargeable Batteries with fully charged standby time of at least 200 hrs, possible to make 100-150 transactions
- At least 1USB Port, 1 RS232, Telephone
- Inbuilt Modem
- Capability to connect to PC, telephone, modem or any other mode of data transfer

8. PC based Smart Card Device

In cases where Computers are available at the health Service providers, additional devices would be attached to the existing PC. The computer would be loaded with the centrally prepared software for transactions and data transmission. The devices required for the system would be

8.1 Optical Biometric Scanner for Fingerprint verification

- Thin optical sensor
- 500 dpi @ 8bit per pixel
- Active area: 13mm x 20mm
- Interface: USB 1.1 and 2.0
- Operating temperature: -10 C to 50 C
- 1:1 verification
- Verification time < 0.8s
- Identification time < 1s
- Tunable false acceptance rate

8.2 Smart Card readers

2 Smart card readers would be required for each device, One each for service Provider and Beneficiary card

- PCSC and ISO 7816 complaint
- Read and write all microprocessor cards with T=0 and T=1 protocols
- USB 2.0 full speed interface to PC with simple command structure

8.3 Receipt Printer

TECHNICAL & FINANCIAL BIDS

Technical and financial bids may be submitted separately in each envelop duly sealed and super scribed as Technical bid and similarly another envelop duly sealed should contain Financial bid and super scribed as Financial bid. Both the sealed envelops should be put in a bigger envelop and submitted to the Company.

In addition to the specific details required under the above tender the bidder / TPA should also submit format A & B to the company .

FORMAT-A

TECHNICAL BID FORMAT FOR TPAs

SR. NO.	ELIGIBILITY CRITERIA (Please reply in Yes/No and if YES attach the Annexure containing details)	YES/NO	Annex no.
1.	The TPAs should have an IRDA license to act as a TPA for mediclaim.		
2.	They should have All India presence and worked in 15 Districts.		
3.	They should have issued at least 5 lakh cards.		
4.	They should have made at least 50000 online claim settlements		
5.	They should have uploaded at least 7.5 lakhs data on the RSBY server, MOLE, Govt. of India through back end data transfer		
6.	They should have at least 250 Networks Hospitals across the country exclusively for RSBY.		
7.	They should not have been black listed by the Govt. or Insurance Co.		
8.	They MUST produce a satisfaction and completion certificate from the competent authorities (State Govt./ Insurance Co.) Three Number at least		
9.	They should have infrastructure for electronic communication and paperless service.		
10.	They should have fully functional offices in the state of Uttar Pradesh or set up office there.		
11.	Should have at least 2 smart card providers. Mention their names and attach their consent letter.	1. 2.	
SEAL & SIGNATURE OF TPA (AUTHORIZED SIGNATORY)			

FORMAT-B

DISTRICT -WISE FINANCIAL BID FORMAT FOR TPAs

Sr. No.	Name of the Districts	Cost of Smart Card 32 kb NIC certified (per BPL family)	Cost of other Charges for implementation of RSBY Scheme	Taxes, if any	Total cost per BPL family
1	2	3	4	5	6
1	Azamgarh				
2	Ballia				
3	Mau				
4	Chandauli				
5	Ghazipur				
6	Jaunpur				
7	Varanasi				
8	Ambedkar Nagar				
9	Barabanki				
10	Faizabad				
11	Sultanpur				
SEAL & SIGNATURE OF TPA (AUTHORIZED SIGNATORY)					