PUBLIC SECTOR GENERAL INSURANCE COMPANIES IN INDIA

 National Insurance Company Limited

 The New India Assurance Company Limited

 The Oriental Insurance Company Limited

 United India Insurance Company Limited

Invite

Expression of Interest ("EoI") for selection of IT Service Provider for Third Party Administrator ("TPA") being set up for providing Health Insurance Claims Administration Services

Dated: 21st December, 2012

DISCLAIMER

The information contained in this invitation for Expression of Interest (the "Information document") or subsequently provided to Applicant(s), whether verbally or in documentary or any other form by or on behalf of the Public Sector General Insurance Companies in India (PSGICs) or any of their employees or advisors, is provided to Applicant(s) on the terms and conditions set out in this Information document and such other terms and conditions subject to which such information is provided.

This Information document is not an agreement or an offer by the PSGICs to the prospective Applicant(s) or any other person and is issued with no commitments. The purpose of this Information document is to provide interested parties with information that may be useful to them in making their offers in relation to providing IT services to the joint venture company proposed to be set up by PSGICS along with other reputed public sector enterprises for being engaged as third party administrator in health insurance claims (JV TPA) pursuant to this document. This Information document includes statements which reflect various assumptions and assessments arrived at by the PSGICs in relation to the JV TPA proposed to be formed by the PSGICs along with other reputed public sector enterprises. Such assumptions, assessments and statements do not purport to contain all the information that each Applicant may require. This Information document may not be appropriate for all persons, and it is not possible for the PSGICs, their employees or advisors to consider the investment objectives, financial situation and particular needs of each party who reads or uses this document. The assumptions, assessments, statements and information contained in this document may not be complete, accurate, adequate or correct. Each Applicant should, therefore, conduct its own investigations and analysis and should check the accuracy, adequacy, correctness, reliability and completeness of the assumptions, assessments, statements and information contained in this document and obtain independent advice from appropriate sources.

Information provided in this document to the Applicant(s) is on a wide range of matters, some of which depends upon interpretation of law. The information given is not an exhaustive account of statutory requirements and should not be regarded as a complete or authoritative statement of law.

The PSGICs accept no responsibility for the accuracy or otherwise for any interpretation or opinion on law expressed herein.

The PSGICs, their employees and advisors make no representation or warranty and shall have no liability to any person, including any Applicant under any law, statute, rules or regulations or tort, principles of restitution or unjust enrichment or otherwise for any loss, damages, cost or expense which may arise from or be incurred or suffered on account of anything contained in this Information document or otherwise, including the accuracy, adequacy, correctness, completeness or reliability of the document and any assessment, assumption, statement or information contained therein or deemed to form part of this Information document or arising in any way in this qualification stage.

The PSGICs also accept no liability of any nature whether resulting from negligence or otherwise howsoever caused arising from reliance of any Applicant upon the statements contained in this Information document.

The PSGICs may in their absolute discretion, but without being under any obligation to do so, update, amend or supplement the information, assessment or assumptions contained in this Information document.

The issue of this Information document does not imply that the PSGICs are bound to select an Applicant as the IT Service Provider and the PSGICs reserve the right to reject all or any of the Applicants or EoIs without assigning any reason whatsoever.

The Applicant shall bear all its costs associated with or relating to the preparation and submission of its EoI including but not limited to preparation, copying, postage, delivery fees, expenses associated with any demonstrations or presentations which may be required by the PSGICs or any other costs incurred in connection with or relating to its EoI. All such costs and expenses will remain with the Applicant and the PSGICs shall not be liable in any manner whatsoever for the same or for any other costs or other expenses incurred by an Applicant in preparation or submission of the EoI, regardless of the conduct or outcome of the selection process.

Applicants who are found to canvass, influence or attempt to influence in any manner the qualification or selection process, including without limitation, by offering bribes or other illegal gratification, shall be disqualified from the process at any stage. Applicants are also advised to adhere/comply with CVC guidelines issued from time to time.

This Information document is preliminary in nature and invites offers from Applicants for provision of services, in accordance with the provisions hereof, to proposed JV TPA.

Contents

1   Notification of invitation for EoI

The PSGICs, *viz.* National Insurance Co. Ltd., The New India Assurance Co. Ltd., The Oriental Insurance Co. Ltd. and United India Insurance Co. Ltd. invite EoI from interested bidders for participation in a bid process for selection of IT Service Provider for providing comprehensive end-to-end assistance with set-up, implementation and maintenance of IT solution to the JV TPA. The selection process may be taken over at any stage from the PSGICs by the proposed JV TPA company once incorporated. The selection process would comprise of three stages:

- **EoI stage:** EoIs would be invited from Applicants for participation in the proposed bid process and information would be sought on the qualification criteria as mentioned in this Information document. Applicants who qualify on these criteria would proceed to the next stage.

- **RFP stage:** A Request for Proposal (RFP) document would be sent to all the qualified Applicants (the "Bidders") requesting for a detailed Technical Proposal and Financial Proposal. IT Service provider is expected to be selected under Combined Quality cum Cost Based System (CQCCBS) method and procedures to be described in detail in the RFP. Bidders would be required to submit their Bid, which would include detailed responses and documentary proof as requested in the RFP. Presentations and site visits may also be requested wherever necessary to assess the bidders on the detailed technical criteria. The bidders will thus be allotted a technical score based on evaluation of their bids. Bidders scoring more than a specified cut off shall be deemed as technically qualified. The price bids of only those consultants who qualify technically will be opened. A combined score for each technically qualified bidder would be calculated based on method to be detailed in the RFP.

- **RFP Finalization stage:** The technically qualified bidder with the highest combined score shall be called first for further discussions, as per requirements.

As part of the EoI stage, Applicants are requested to furnish their EoI in accordance with the details mentioned in this Information document in the format mentioned in the Annexure.

If any information provided by an Applicant in the EoI including its exhibits/ annexures, and other documents and instruments delivered or to be delivered during the short listing process is found to be misleading, such Applicant shall be disqualified from the selection process.

The Information document includes the following sections:

- Section 1:   Notification of invitation for EoI
- Section 2:   Introduction
- Section 3:   Eligibility criteria
- Section 4:   Information to Applicants
- Section 5:   Data Sheet
- Section 6:   Annexure

Please submit your EoI as per the details of date, time and address mentioned in the Data Sheet. PSGICs reserve the right to cancel/withdraw this invitation for EoI without assigning any reason for such decision at any time.

2   Introduction

Health Insurance has emerged as the fastest growing segment in the non-life insurance industry in India. It is also the second largest segment in terms of overall size (INR 13,345 Cr[1] in FY12) and is further projected to grow to Rs.38,000 crore in 5 years' time as per different studies. It is thus is a vital part of the business of all general insurance companies.
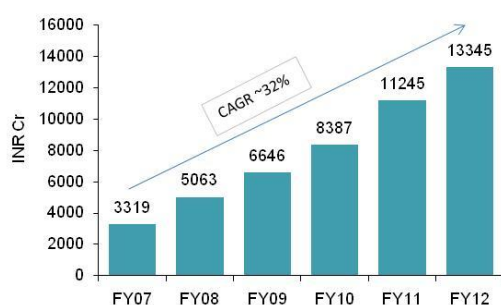
There are currently 20 players[2] offering health insurance in India with several new players anticipated to enter in the next few years.

As part of the existing health insurance business and to bring in greater efficiency in claims management, PSGICs are looking to setup a technology enabled, best-in-class third party administrator for providing health insurance claims administration services which should not only meet today's requirements but also be capable of introducing innovative futuristic solutions.

The PSGICs are keen to identify a suitable IT Service Provider for setting up and implementing a robust and end-to-end IT system for the proposed JV TPA with best of industry features.

The IT Service Provider sought for the proposed JV TPA is expected to possess strong capabilities for large scale operation along multiple dimensions for each of the following:

A. **Principal/Insurer Management**
B. **Member Enrolment, Cashless Pre-authorization and Claims Processing**
C. **Provider Network Management**
D. **Claims Analytics, Fraud Control and Management Reporting, Regulatory compliance and reporting**
E. **Customer Service including call center and grievance management**

---

[1] Source: IRDA, Provisional and Unaudited results, FY 12
[2] Source: IRDA

Invitation for Expression of Interest for IT Service Provider for
setting up of TPA
PSGICS Information Document dated 21 Dec, 2012

F. Complete IT solution and infrastructure design, deployment and management

G. Support functions – Finance, Accounting, HR, Admin and facility management, vendor management

The overall intent is that the above solution blocks should seamlessly integrate such that the end to end capabilities are provided to all Business functions of the JV TPA. In addition, the holistic solution should have operational interfaces to ensure effective support to the Core and Support functions of the TPA.

It is envisaged that the proposed JV TPA shall service various types of health insurance products and service individual policyholders as well as corporate segment. The IT Service Provider for the proposed JV TPA should be able to provide comprehensive end to end solutions in most efficient manner with scalable volumes. The systems should ensure seamless bi-directional data transfer between the proposed JV TPA and insurance companies as well as banks and healthcare service providers like hospitals, diagnostic centers, physicians and pharmacies etc. On the other hand the system should integrate seamlessly with IRDA portal in order to meet the required regulatory requirements. The system proposed to be setup should also be capable of servicing claims of social health insurance schemes like RSBY of central government, other health insurance schemes of different state governments and travel insurance products.

Invitation for Expression of Interest for IT Service Provider for
setting up of TPA
PSGICS Information Document dated 21 Dec, 2012

3   Eligibility criteria

The following eligibility criteria would need to be met by the Applicants in order to be eligible for responding to the EoI:

- The Applicant should have experience in implementing one or more of health insurance claims management system for an Insurance company / TPA within the last 5 years preceding the date of submitting the EoI.

- The Applicant should have a turnover of at least INR 1000 Crore per annum for the last 5 years as per the audited consolidated financial statements.

- The Applicant should be a limited company incorporated in India under the Companies Act, 1956.

- The Applicant must have profitable operations as per the audited consolidated financial statements for at least 3 of the last 5 years preceding the date of submitting the EoI.

- The Applicant must disclose if it or its group companies or any of its promoters or significant shareholders[3], have any conflict of interest with respect to the proposed JV TPA (as on the time of submitting the EoI), which include, but are not limited to, the following:

  - A competing health / non-life / life insurance venture/TPA venture in India.

  - Any plans to setup a competing venture in the above businesses over the course of implementation.

  If the Applicant (or any of its promoters /significant shareholders) do have any conflict of interest (as stated above or otherwise), the Applicants must indicate how the risks arising out of such conflict would be mitigated. The PSGICs reserve the right to evaluate each case and consequently disqualify the Applicant's EoI.

- The Applicant should disclose any failure to perform on any contract (as evidenced by imposition of a penalty or a judicial pronouncement or arbitration award against the Applicant), or expulsion from any project or contract, or termination of any contract for breach by such Applicant,

---

[3] Defined as shareholders holding >= 5% of the applicant's shares

Invitation for Expression of Interest for IT Service Provider for
setting up of TPA
PSGICS Information Document dated 21 Dec, 2012

in the last three years, preceding the date of submitting the EoI. Such a contract may be with the government or private party and penalty/expulsion/termination may be levied by the government or such private party. The PSGICs reserve the right to evaluate the severity of such a failure / breach and consequently disqualify the Applicant's EoI.

Invitation for Expression of Interest for IT Service Provider for
setting up of TPA
PSGICS Information Document dated 21 Dec, 2012

4   Information to Applicants

4.1   Some key considerations

- The proposed IT solution should be capable of managing varied health insurance products of insurance companies with volumes going beyond 60 -80 lakh claims per annum in course of time. Proposed IT solution should also be capable of servicing health insurance claims of other insurers including life insurers.

- The proposed IT solution should have capability to provide seamless service and support to proposed JV TPA's manpower sitting in centralized processing center(s) and branches located in all major cities in India

- The processing centre shall house the call centre, enrolment, cashless and claims management team and customer service with one centralized location initially and another processing centre thereafter

- Branches are expected to house the fraud management field staff, corporate liaisons, provider liaisons and insurance company liaisons

- The proposed IT solution should be compatible and capable of seamless integration with insurers, their operating offices as well as controlling offices including life insurers

- The proposed IT solution should be capable to seamlessly transact with pan India network of around 4500 hospitals initially, growing to more than 15,000 hospitals including those for mass schemes, international providers for travel product etc., also extendable to a large network of pathology labs, physicians, consultants and other healthcare entities like pharmacies, wellness clinics, assistance companies etc.

- Some key process blocks and activities blocks expected to be supported by systems to be developed by the Applicants is as shown below:

Business Process Block	Activity Block
Principal Insurer	• System integration with statutory bodies like IRDA, and with principal insurers, data exchange – both

*Invitation for Expression of Interest for IT Service Provider for
setting up of TPA
PSGICS Information Document dated 21 Dec, 2012*

Management	real time and batch basis, integration with Ministry of Labor/state governments (for schemes like RSBY and government health schemes) etc.
	• SLA terms, service rule engine, organization hierarchy protocols
	• Exchange of policy data, member details, photographs, premium payment, endorsement details
	• Upload/download member data
	• MIS dashboard, customized reports
	• Self-help portal with login rights
	• On-line/off line Claim intimation, approval, repudiation, verification, audit etc. by principal insurers
	• Float funds management, single window system, direct upload for claim payment, bank reconciliation
	• Outstanding claims, claim reserving, IBNR reporting
	• Legal cases support
	• Data/claim files archive
Product Configuration and Membership Management	• Multiple Products configuration e.g. indemnity, critical care, fixed benefit, daily cash, long term, top-up, mass/micro, customized, overseas travel etc., respective validations, rule engines for each
	• Enrollment (customer unique id across products and insurers), special status flagging, compatibility with Aadhaar id, field enrolment capability
	• Member ID Card Issuance (compatible with multiple types including value loadable, smart card with biometrics, policy, claim and medical records), upload membership data

	• Customer notifications • Query management • Customer self-help portal
Pre-Authorization	• Notification of loss, Unique claim id • Pre-Auth Submission/Approval/ Authorization/Denial (on line and manual), quality check • Pre-Auth query management • Multiple authority levels/matrix, smart queue and assignment, auto routing, load management • Rule based engine, validations and alerts (same as claims processing) • Concurrent audit • Case management, negotiations with provider/treating doctor, repricing • Red Flags, Trigger verification/investigation, link with investigation reports and other intelligent data/information off/on-line as part of work flow • Overseas travel claims authorisation • Customer and provider notification • TAT adherence, auto escalation for outlier cases • Reserve creation and updation
Claims Process Management	• Notification of loss, Unique claim id • Claim validation • Policy holder and benefits validation • Provider tariff validation • Medical protocol validation, drug MRP, implants and package procedure costs

	• Claim adjudication (Rule-engine based and manual) including RSBY/mass schemes/travel insurance claims • Auto adjudication • Quality check, Audit trail and Exception Generation • Concurrent audit • Outlier cases, Red flags, Investigation triggers • Investigation and verification module, on line case allocation, investigation brief and mobile reporting • Claim assignment and authorization, auto routing • Approval authority matrix, committee approvals, principal approval on line • Customer notification • Master Data Management • Query Management, auto reminders • Integration with document management • Reserve creation and updation • Legal cases management
Provider Network Management	• Empanelment of hospitals/other entities, standard criteria, benchmarks, credentialing, service fee/tariff schedules, unique id for network and non-network providers, depanelment, temporary suspension. Includes providers for mass schemes and international travel insurance products • Provider Self service portal • Inspection-due diligence report/MoU / Tariff negotiation-agreement/ Package Rate List/facility photographs capturing, categorization, GIS mapping • Provider SLA and contract management

	• Online/offline pre-authorization, data and document exchange, smart card transactions • Negotiation, discounting and repricing with national and international providers • Periodic Payment reconciliation • Provider audit, historical data repository, Red flagging, quality of care data/reports
Customer Service	• Status query – Member Card, Pre-authorization, Claim payment • Customer Relationship Management - end to end integrated for all modes of communication, CTI • Call Centre setup and Management, multi-lingual support, IVR, domestic and international toll free • Self service portal, electronic medical record management • Standard Templates for communication • On line Complaint and Grievance management

Fraud Control, MIS, Claims Analytics & Reporting	• Claim analytics based on:
	
	  • Deviations, Trends and outlier behavior
	
	  • Scoring model
	
	  • Predictive modeling
	
	  • Advanced analytics, 'what if' scenarios & analytics
	
	  • Claimant/ claim/ LOS/ provider/ channel / disease/ location/ average claims cost etc. based analysis
	
	  • Performance tracking
	
	  • Use of actuarial, medical management rules,

	ICD-CPT coding
	• MIS generation - real time, dashboards, scheduled and customized reports, mandatory compliance reports
	• Self- help MIS Portal for partners and principals
	• TAT, Productivity and aging reports, auto escalation for TAT and SLA breach
	• Real time Warning system for fraud, outlier behavior, escalation
Business Process Management	• Website and portals management
	• Document management, in-ward and outward courier management, bar coding of documents
	• Trigger/event based sms alerts, auto mailers, reports, forward and backward integration
	• Manual and OCR enabled data entry, form processing, quality check
	• Workflow management including in-built escalation matrix, work load management
	• System integration and Seamless data flow with principals, providers, vendors, statutory bodies
	• Standard data formats as per IIB, ACCORD, industry standards
Infrastructure Services	• Data Centre Management
	• DRP and BCP capabilities
	• Records facility management
	• DC/DR infrastructure, network, OS platform
Support Process Block	**Activity Block**

Human Resource Management and General Administration	• Manpower Budgeting and Planning • Recruitment and Joining process • Training and development process • Self help HR service portal– management of leave, attendance, conveyance, travel, circulars, holidays, HR guidelines, conduct rules etc. • Performance appraisal and talent management • Exit processing • General Administration – facilities, assets, dispatch, courier and record management
Finance & Accounting	• Finance Management, Budgeting and Planning • GL processing • Insurer funds/float management, reconciliation • Claim Payments, cheque printing, electronic funds transfer, payment gateway integration • Regulatory and statutory compliances • P&L, Balance sheet reporting • Payroll processing linked to access enabled attendance records • Vendor payment management • Foreign currency transactions for overseas travel claims processing and settlement

The JV TPA also invites a vision statement from applicants including the innovative, futuristic capabilities of Technology framework, solutions in Health Claims processing and associated domains. These may constitute innovative features in times to come. For instance:

• Cloud Infrastructure

- Hand Held Devices Integration

- Compatibility with Aadhaar Id

- XBRL Integration for data upload to IRDA

- Biometric Systems Integration

- Reward and recognition to IT Service Providers basis claim filings efficiency

- Any other innovative, transformational changes

The systems should have additional features over and above all the functionalities required for typical TPA operations with best of the industry features whether in India or elsewhere in the world. Focus would be on efficiency, on line connectivity with partners and principals, efficient work flows, real time fraud control, smart analytics, rule engines, validations and alerts etc. to name a few.

- The IT Service provider is expected to implement end-to-end IT system for the proposed JV TPA. The Applicant should be a well qualified total solution provider to implement the green field project of large scale and complexity successfully. The Applicant should be capable of Supplying, Customizing, Deploying, Hosting, Maintaining, and Supporting an integrated solution for the above mentioned applications, which also includes but not limited to:

  - Procurement, installation and maintenance of required core applications in production, development, testing, UAT and training environments;

  - Procurement, installation and maintenance of underpinning hardware, database, operating system, network components, network links including those with external parties like insurers, providers and corporate customers;

  - Procurement, installation and maintenance of hosting solution (DC/DRC);

  - Providing Data warehousing capabilities

- Providing interfaces and web portal required for the core applications (including middleware, master data management etc)

- Providing complete testing and required training to identified users as well as conducting 'train the trainer' programs for applications in order to transfer capability for future training; source code and intellectual property of the solution shall lie with the proposed JV TPA

- Providing facility management (FM) for the period of contract including helpdesk and end user computing (Laptop/Desktop support).

However, the final decision of procurement of hardware may be taken at the RFP stage. It may be decided to separate the procurement and maintenance of hardware, covering the systems under Warranty, AMC or ATS contracts and ensure that the systems provide optimum utilization and ROI, through a separate RFP process. The eligibility for participating in which would not be dependent on qualification through this EoI. The details would be provided during the RFP stage.

The systems should be highly scalable and should have the capability to integrate seamlessly to handle health insurance claims for varied products of all players including life insurance players in the long term.

4.2 Rules for preparation of EoI

Applicants are requested to follow the rules outlined in this section while preparing their EoIs.

- Applicants are requested to submit their EoI, which will be the basis for qualification to the next stage in the selection process.

- In preparing the EoI, Applicants are expected to examine the various sections comprising this Information document in detail. The EoIs should be in the format provided in the Annexure. Any EoI not found responsive to the details mentioned in this Information document may be rejected. Departures, if any, in the information provided must be clearly specified with justification. Material deficiencies in providing

the information requested may also result in rejection of the applicant's EoI.

- The minimum validity of the EoI should be for a period of 180 days from the last date for submission. An EoI valid for a shorter period may be rejected as non-responsive.

- All financial figures must be in Indian Rupees ('INR'). If the Applicant is using a foreign currency (other than INR), the Applicant shall provide the equivalent INR conversions (at every relevant point along with the exchange rate used and the date of the exchange rate).

- All relevant figures to be reported in units of 'lakh' and 'Crore' in the EoI.

- Any EoI submitted cannot be modified after the last date for submission.

- All EoIs shall be submitted in the English language.

- The EoI submitted should be serially numbered with index of contents indicating page number of the required documents enclosed.

To facilitate the Applicants in preparing their EoIs, the PSGICs shall seek and provide clarifications on all queries sought by the Applicants, in adherence with the guidelines specified in section 4.3 and as per the timelines indicated in the Data Sheet.

Please also note that:

- Costs involved in preparation of the EoI, including visit(s) to the office whereat the EoI shall be submitted ("Project Office"), are not reimbursable.

- Submission of an EoI need not necessarily result in selection and/ or an agreement. Failure to select a vendor through this process shall not result in any claim whatsoever against any of the PSGICS.

- At any time before the last date of submission of the EoI, the PSGICs may, at their discretion, make any amendments to this Information document (in totality or in part) and such amendments shall be duly informed in adherence with the guidelines specified in section 4.4.

4.3 Clarifications on the Information document

Applicants may request a clarification of any of the aspects of this Information document before the pre-specified date indicated in the Data Sheet. The following rules will apply:

- Any request for clarification must be sent in writing by paper mail to the Project Office address indicated in the Data Sheet. A soft copy of the queries should also be sent to the e-mail address indicated in the Data Sheet.

- The PSGICs will prepare a consolidated response to all clarifications received which shall be hosted on the respective PSGICs' website. Any Applicant who wishes to receive the consolidated response via email can send an email to the email address indicated in the Data Sheet requesting for the same.

- The PSGICs may, at their discretion, extend the deadline for submitting clarifications.

4.4 Amendments to the Information document

The PSGICs may, for any reason, whether at their own initiative or in response to a clarification requested by an interested applicant, modify the Information document by amendment. In such case, the following rules will apply:

- Any amendment shall be issued in writing through addenda.

- Addenda shall be hosted on the respective PSGICs' website. Any Applicant who wishes to receive the addenda via email can send an email to the email address indicated in the Data Sheet requesting for the same.

- Any such modification will overrule the original version and previously modified version.

- The PSGICs may, at their discretion, extend the deadline for submission of EoI, after considering the materiality of the amendment.

4.5 Submission and receipt of EoIs

- The EoI must be prepared as per Form 1, provided in the Annexure.

- The Applicants should prepare the number of copies indicated in the Data Sheet. Each EoI document should be marked "Original" or "Copy" as appropriate. If there are any discrepancies between the original and the copies of the EoI, the information captured in the original will prevail.

- The EoI shall be prepared in indelible ink. Each page should be initialed by an authorized representative of the Applicant. Please note that unsigned EoIs shall be rejected and shall be excluded from the evaluation process.

- The representative's authorization should be confirmed by a written power of attorney accompanying the EoI or by way of a Board resolution of the Applicant company.

- The original and all copies of the EoI together with a soft copy on CD shall be placed in a sealed envelope clearly marked "Expression of Interest – IT Services". The envelope shall be super scribed with the following information:

  - o Name of the Applicant
  - o Communication Address
  - o A clear marking stating: "DO NOT OPEN, EXCEPT IN PRESENCE OF THE EVALUATION COMMITTEE."

- The completed EoIs must be delivered at the submission address on or before the time and date stated in the Data Sheet. The PSGICs will not be responsible for any postal or transit delays. Any EoI received after the closing time for submission of EoIs shall be rejected and returned unopened.

4.6   Evaluation

- EoI will be evaluated on the basis of their responsiveness to the Information document.

- Evaluation to include verification of

  1. Fulfillment of 'Eligibility Criteria', as specified in section 3 of EoI

2. Responses meeting the eligibility criteria in step 1 above will be further evaluated as per the 'Evaluation Criteria' stated in the table below

- An EoI may be rejected at any stage if it is found not responsive to all requisite aspects stated in the EOI.

S. No.	Criteria	Weightage
1	**Past Experience of the Firm**	**30**
1.1	Number of years of operation in India	
1.2	Experience of implementing one or more of health insurance claims management solution for an insurance company/TPA	
2	**Experience of the key personnel** **Key criterion: Level and relevance of experience to the role, education and relevant certifications** **(Relevant CVs upto a maximum of 15 for the key personnel detailed below should be provided)**	**25**
2.1	Project Manager –Experience as Project Manager in at least three projects of similar nature with Organization like TPAs/Health insurance company (claims management) necessary	
2.2	Subject Matter Expert 1 (Business System Analysis) - Experience in Business System Analysis for at least three projects of similar nature with Organization like TPAs/Health insurance company (claims	

	management) necessary	
2.3	Subject Matter Expert 2 (Solution Architect) - Experience as solution architect in at least three projects of similar nature with Organization like TPAs/Health insurance company (claims management) necessary	
2.4	Subject Matter Expert 3 (Program Management) - Experience in program management for at least three projects of similar nature with Organization like TPAs/Health insurance company (claims management) necessary	
2.5	Subject Matter Expert 4 (Generalist Health Insurance Expert) Industry experience across health insurance products, players and business processes	
3	**Financial Strength of the firm**	**15**
3.1	Turnover Figures for last 5 years	
3.2	Net Profit for each of the last 5 years	
4	**Functional and Technical Capabilities** (As detailed in Section 6.1.5)	**30**
	TOTAL (1+2+3+4)	**100**

Note:

- While evaluating the experience of the IT Service Provider and for key personnel for providing health insurance claims management /

health insurance solutions, the Evaluation Committee may take into account factors such as the size and complexity as also the nature of project (and relevance for this project).

- For evaluating the educational qualifications, relevance to the role proposed would be considered

- For evaluating the functional and technical capabilities, Evaluation Committee would take into account the requirements of usual business factors for TPAs and the relevance and usefulness of the capabilities of the Applicants.

- All Applicants meeting the eligibility criteria and obtaining more than 60% score i.e. 60 points, on the basis of evaluation of EOI shall be deemed as 'qualified applicants'.

- All qualified applicants would be sent the detailed Request for Proposal (RFP) document, on the basis of which, they could prepare and submit the Technical Proposal [and Financial Proposal] as per timelines mentioned in the RFP.

- PSGICs have engaged independent advisors to support the Evaluation Committee and information related to the EoIs would be shared with them. It is assumed that all Applicants have given consent for sharing of the information in the EoIs with the independent advisors for evaluation purposes if they have decided to participate. The independent advisors would also be bound by the same confidentiality rules as detailed in section 4.7.

- From the time the EoIs are opened to the time the IT Service providers are shortlisted as 'qualified for RFP', if any Applicant or bidder wishes to contact the PSGICs on any matter related to its EoI, it should do so in writing at the address indicated in the Data Sheet accompanied by an electronic mail to the E-mail address indicated in the Data Sheet.

- Any effort by the Applicant to influence the PSGICs or their representatives in the evaluation decisions will result in disqualification of the Applicant from the evaluation process.

- It must be noted that at any stage during the EoI evaluation, if any discrepancies or misrepresentations come to light, the PSGICs reserve

the right to cancel the EoI in question and disqualify the associated Applicant.

4.7 Confidentiality

- Information relating to evaluation of EoIs and recommendations concerning selection of the IT Service Provider shall not be disclosed to the Applicants who submitted the EoIs or to other persons not officially concerned with the process.

- All the information provided in the EoIs shall be held in confidence and used by the Evaluation Committee for the sole purpose of evaluation of the EoIs.

4.8 Jurisdiction

- All and any disputes or differences arising out of or against this Information document shall be decided only by the courts or tribunals situated in New Delhi, India. No suit or other legal proceedings shall be instituted elsewhere.

- Force Majeure Clause: There shall be no liability or responsibility, on the part of PSGICS and the Applicant, for the consequences arising out of the interruption of the business by Acts of God, Riots, Civil commotion, Insurrections, Wars or any other causes beyond their control or by any strikes or lock outs. Any such interruption due to Force Majeure should be informed by the Applicant to the PSGICs in writing within two days of such happening.

5   Data sheet

5.1   The Project Office address

- Name: Ms Mita Bhattacharjee

- Designation: Deputy General Manager

- Address: TPA Project, Camp – Oriental Insurance Staff College, Sector 11, Mathura Road, Opposite Bata More, Faridabad – 121006, Haryana

- Email address: mita.tpa1@gmail.com

5.2   Clarification date

- Clarifications may be requested on or before 5 p.m. on 31st December, 2012

- Clarifications must be in writing and as per the terms and conditions specified in Section 4.3.

- Consolidated response to all clarifications – 8th Jan 2013

5.3   Submission of EoIs

- The completed EoI must be submitted on or before 5 p.m. on 21st Jan 2013.

- EoIs must be as per the guidelines specified in Section 4 above.

- EoIs shall be addressed to the project office address indicated in Section 5.1.

5.4   Number of copies of EoI

- 3 copies of the EoI (including original) and soft copy (on a CD) must be submitted in a sealed envelope in accordance with the terms and conditions specified in Section 5.3 and at the address specified in Section 5.1.

- Each of the copies must be marked in accordance with the specifications highlighted in Section 4.5.

5.5   Evaluation of EoIs

- Evaluation of the EoIs shall commence post the submission deadline
- The qualified candidates shall be notified by the PSGICs on the next steps

*Invitation for Expression of Interest for IT Service Provider for
setting up of TPA
PSGICS Information Document dated 21 Dec, 2012*

6   Annexure

6.1   Format for Expression of Interest

6.1.1   Section 1 – Eligibility Criteria

Sr. No	Eligibility Criteria *(Please reply in Yes / No and provide further information wherever relevant)*	Yes / No	Any Other Information	Document(s) Required
1	The applicant should have experience in implementing one or more of health insurance claims management system for an Insurance company / TPA within the last 5 years preceding the date of submitting the EoI			Letter of Incorporation, Client Citations / Copies of Work Order
2	The applicant should have a turnover of at least INR 1000Cr. for the last 5 years as per the audited consolidated financial statements			Audited Financial Statements/duly signed certificate from statutory auditors for the last 5 years preceding the date of submitting the EOI
3	The applicant must have profitable operations for at least 3 of the last 5 years preceding the date of			Audited Financial Statements/duly signed

	submitting the EoI			certificate from statutory auditors for the last 5 years preceding the date of submitting the EOI
4	The applicant must disclose if it, or any of its promoters or significant shareholders, has any conflict of interest (as stated in section 3 or otherwise) with respect to the PSGICs and the potential TPA venture (as on the time of submitting the EoI). If the applicant (or any of its promoters or significant shareholders) do have any such conflict of interest (as stated above or otherwise), the applicant must indicate how the risks arising out of such conflict would be mitigated.			Declaration providing details
5	The applicant should disclose any failure to perform on any contract (as evidenced by imposition of a penalty or a judicial pronouncement or arbitration award against the applicant), or expulsion from any project or contract, or termination of any contract for breach by such applicant, in the last three years, preceding the date of submitting the EoI.			Declaration providing details

Invitation for Expression of Interest for IT Service Provider for
setting up of TPA
PSGICS Information Document dated 21 Dec, 2012

Such a contract may be with the government or private party and penalty/expulsion/termination may be levied by the government or such private party.		
Written power of attorney/ Board resolution (Refer section 4.5)		Power of attorney document/ certified copy of Board resolution

6.1.2 Section 2 – Past Experience

		Document Required
1	Number of years of operation in India	Certificate of Incorporation
2	Experience of implementing one or more of health insurance claims management solution for an insurance company/TPA (As per format for project summary given in Section 6.2)	Client Citations

6.1.3 Section 3 – Experience of Key personnel

		Document Required
1	Project Manager (As per format for CV given in Section 6.3)	CV(s) to be signed by Project Manager
2	Subject Matter Expert 1 (Business System Analysis)	CV(s) to be signed by Subject Matter

	(As per format for CV given in Section 6.3)	Expert 1
3	Subject Matter Expert 2 (Solution Architect) (As per format for CV given in Section 6.3)	CV(s) to be signed by Subject Matter Expert 2
4	Subject Matter Expert 3 (Program Management) (As per format for CV given in Section 6.3)	CV(s) to be signed by Subject Matter Expert 3
5	Subject Matter Expert 4 (Generalist Health Insurance Expert) (As per format for CV given in Section 6.3)	CV(s) to be signed by Subject Matter Expert 4

6.1.4   Section 4 – Financial strength

		Document Required
1	Turnover Figures for last 5 years	Audited Financial Statements/ duly signed certificate from statutory auditors for last 5 years
2	Net Profit for each of the last 5 years	Audited Financial Statements/ duly signed certificate from statutory auditors for last 5 years

6.1.5   Section 5 – Functional and Technical capabilities

1	**Organization details** Company Name Address of Corporate office Address of office servicing Delhi NCR Region Contact Persons detail Global and Indian numbers to be shown separately for each parameter Turnover in Last 5 years Profit in Last 5 years Total No of Employees - Development and R & D Total No of Employees - Support Total No of Employees – S I Services (If any)
2	**Functional and Technical details of the Solution:**
2.1	Please describe the architecture of your solution with diagram and how is your solution tiered.
2.2	Describe the limitations of the solution in terms of size of database, number of concurrent users supported etc. (if any). Please provide details of benchmarking certificates obtained
2.4	Does your solution provide best practices in respect of the activity Blocks mentioned below, which are those? Also indicate whether you would be agreeable to demonstrate these capabilities. • Principal Insurer Management • Membership Management • Pre-Authorization • Claims Process Management • Provider Network Management • Customer Service

	• Fraud Control, Claims Analytics & Reporting • Business Process Management • Infrastructure services • Human Resource Management and General Administration • Finance & Accounting • Innovative, futuristic solutions
2.5	Provide a list of products/ tools proposed to be used in database layer, middleware and presentation layer and indicate which are the Third Party products/tools proposed to be used. Also mention whether the same has been used previously in any other project and provide details of such projects
2.6	Please describe the work flow capability of your solution.
2.7	Describe how your solution integrates with Standard document management solution. Provide the list of DMS supported in your product
2.8	What is your recommended strategy of testing? Please provide a list of testing tools used in similar projects and provide details of such projects.
2.9	Describe your SRS strategy and attach a standard template for SRS
3	**User Base in Insurance Industry in general and in India in particular**
3.1	Provide a list of your best/important claims management installations in Non-Life/Health Insurance sector. Also provide the details of your Installation for reference in Insurance Sector. Also mention number of concurrent users, years of implementation, number of lives (if applicable) and number of claims managed, committed and average response time at each installation.

6.2   Format for Project Summary

Title	Description		
Client Name			
Client Reference	**Name & Designation:** **-**	**Phone No.:** **-**	**E-mail id:** **-**
Project Title			
Project Scope (in brief)	**No. of Lives covered**	**No. of claims managed**	
	Concurrent users, Other Details		
Actual Role/work executed by IT Service Provider and extent of involvement in the total project			
Project Location (s)			
Value of the Project **(in INR only)- Approx.**			
Status of the Project (Completed/on-going)			
Duration of the project (in months)			

6.3   Format for CV

1	Name	
2	Current Designation	
3	Total Experience & No. of years in current organization	
4	EducationalQualifications	Degree, University & Year of passing
5	Areas of expertise	
6	Experience/ Projects led with description	Title of project, nature of project, period of implementation to be mentioned for each project

Signature : …………………….