



Expression of Interest (Eoi) for Mukhya Mantri Rajya Karmachari Swasthya Bima Yojana, Madhya Pradesh (MMKSBY, MP)

Background

Government of Madhya Pradesh as per its Medical Reimbursement rules provides reimbursement of Medical related expenses borne by its employees. The State Government envisions to provide a cashless treatment for all Inpatient expenses and provide reimbursement for diagnostic investigations for its employees and extend this benefit to its Pensioners.

Overview of the Proposed Scheme

Government of Madhya Pradesh is desirous to provide health assurance cover to its Employees, Pensioners & their dependents (dependents of employees and pensioners as per service rules) up to a limit of Ten lakh rupees for Inpatient care and Ten thousand rupees for diagnostic investigations per annum on a family floater basis. The selected Insurance company shall provide an annual health insurance cover of 2 lakh rupees per family per annum on a family floater basis for specified packages which the beneficiaries may avail on a cashless mode at any of the Network hospitals within and outside the State & on a reimbursement mode for specified emergency care at the Non-Network Hospitals. The remaining share of the beneficiary family wallet shall be assured for Inpatient care on a cashless basis for critical illness (not specified under the insurance cover). The same shall be also extended in case of exhaustion of the Basic sum Insured, the claims of which shall be administered through the Third-Party Administrator(s) of the same Insurance company. The investigations shall be purely on reimbursement mode, bills of the same shall be processed by the TPA (s) engaged by Insurance Company.

Invitation for Expression of Interest

The State Health Authority, on behalf of Department of Public Health & Family Welfare, Govt of Madhya Pradesh invites Expression of Interest (EOI) from Insurance Companies registered under Insurance Regulatory and Development Authority of India.

The purpose of the EOI is to solicit the views of the Insurance Companies on the possible coverage, package of services, Network Hospitals etc. that could be provided under the Mukhya Mantri Rajya Karmachari Swasthya Bima Yojana, basis the feedback received from this exercise Request for Proposal (RFP) will be issued inviting technical and financial bids.



As a part of EOI the following details need to be provided by Insurance Companies in the same format as below.

A) Company Profile

Name of the Insurance Company		
Gross direct premium income	FY2016-17	
	FY2017-18	
	FY2018-19	
Number of families covered under Health Insurance Policy	FY2016-17	
	FY2017-18	
	FY2018-19	
Number of Health Claims processed experience	FY2016-17	
	FY2017-18	
	FY2018-19	
Solvency ratio ** (Available Solvency Margin/Required Solvency Margin)		
Experience of handling Employee /Pensioners schemes for State Governments or Public Sector Undertakings (Add rows as per your requirement)	Name of State / Name of Public Sector Undertaking	Number of Families covered
Network Hospitals	Number of Network hospitals in Madhya Pradesh	
	Number of Network hospitals outside Madhya Pradesh	
TPA's engaged (Add rows as per your requirement)	Name of the Policy	Name of TPA
District wise presence in Madhya		



Pradesh (If Yes, Specify)	
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** The amount of Available Solvency Margin (ASM) in relation to the amount of Required Solvency Margin (RSM). The ASM is the value of the company's assets over liabilities, and RSM is based on net premiums and defined as per IRDAI guidelines

B) Details of Benefit Package for the Health Insurance Scheme

In this section, the companies are required to provide the details of the proposed benefit package which would be offered as part of the scheme. The broad package details should include the procedures which could be part of the scheme, total covered amount and indicative package rates negotiated with Network Hospitals as given below.

1. Catastrophic illnesses
2. Inpatient Treatment procedures
3. Day Care procedures

C) Summary of Software features & provision for customization

Module	Features (Please provide relevant details)
1. Preauthorization	
2. Claims Processing	
3. Beneficiary enrollment	
4. Fraud Management	
5. Empanelment	
6. Beneficiary module (beneficiary portal, mobile app, SMS features)	
7. Call center	
8. Payment Module	
9. Grievance redressal	
10. Level of customization available on the software (High, Medium, Low) Please provide examples of customization from other states/policies (if any)	

The details desired from the interested companies mentioned above shall be provided in both softcopy & hardcopy. The Expression of Interest document should be submitted in a sealed cover along with a letter duly signed by an authorized signatory and the same is addressed to "CEO, Ayushman Bharat, 1st Floor, IEC bureau, 1250 District Hospital Complex,



Shivaji Nagar, Bhopal, 462001 by **3rd Feb 2020**. The soft copy of the shall be sent on eoadmin.ab@mp.gov.in. For any queries please contact **0755-2762582**.

The interested companies are also requested to nominate an official to attend meeting regarding the same on **4th Feb 2020 at 3:00 pm at the Office of CEO, Ayushman Bharat, Bhopal**.

This document does not constitute an offer or invitation, or solicitation of an offer, nor does this document or anything contained herein, shall form a basis of any contract or commitment whatsoever. State Health Authority and Department of Public Health & Family Welfare, Govt of Madhya Pradesh, reserves its right to cancel or modify this Expression of Interest without assigning reason(s) whatsoever.