1) Page 8 –d- Unit of Enrollment: What data will be provided by

2) Page 9 –g- Medical/Surgical Procedures Covered: What will be the

3) Annexures: Page 7 Annexure 5C: Hospital Grading – will

4) Page 10 –i– Rates of procedures 2: Rates are Fixed up to 2020

5) Page 10 –i– Rates of procedures 2: Rates are Fixed up to 2020

6) Page 11 –4- Package Rates: What is the duration of two pre-

7) Annexures: Page 40 Annexure 18: DDSS Sayak to be posted

8) Page 13 –b– Reissue of Card: Insurer can charge Rs 100 per re

9) Page 13 –e– Payment of Premium: DDSS plus Higher Sum

10) Page 21– Standardization of Formats: Formats of Cashless

11) Page 16–f– Renewal of Card Validity: Please reconfirm the

12) Page 19–Technical Terms: Insurer to Procure Server for

13) Page 19–Technical Terms: Hospital Owns the hardware at

14) Page 21– Standardization of Formats: Formats of Cashless

15) Page 22 – 23 IEC/BCC & capacity building interventions:

16) Annexures: Page 6 Annexure 5B: Other exclusions like

17) Annexures: Page 7 Annexure 5C: Hospital Grading – will

18) Page 17 –d- Package Rates: Charges up to which brands are not specified

19) Annexures: Page 28 Annexure 10 –H-: Hospital Documents

20) Annexures: Page 38 Annexure 16 – Sr 10: Collection of

21) Annexures: Page 45-46 Annexure 18 – Sr 6: Exemption of

22) Page 9–g– Medical/Surgical Procedures Covered: What will be

23) Page 10 –i– Rates of procedures 2: Rates are Fixed up to 2020

24) Page 11 –4- Package Rates: What is the duration of two pre-

25) Page 15 DDSSK: Clarity in few processes since few services

26) Page 16–f– Renewal of Card Validity: Please reconfirm the

27) In addition to our query in trial task Page 9–g– Medical/Surgical Procedures Covered Request of Government Approved Pharmacies / Diagnostic Center

28) Page 13–b– Reissue of Card: Insurer can charge Rs 100 per re

29) Page 15 DDSSK: Clarity in few processes since few services

30) The enrollment details and claims experience of previous

31) Page 8 –d- Unit of Enrollment: What data will be provided by

32) Government with dependents and non dependent members.

33) Hospitalization also – Need Clarity on the same.

34) Beneficiary feedback – 5% has been informed during process of

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41) Page 8 –d- Unit of Enrollment: What data will be provided by

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43) Page 10 –i– Rates of procedures 2: Rates are Fixed up to 2020

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45) Page 6 –b– Rates of operations and two post-operative consultations – 30 days, 45 days, 60 days etc.

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1. Where all do we have to procure and install the ICT infrastructure and specifically requirement of Printers? 
2. Please clarify expenses towards GEL functionality will be borne by Insurers towards each card, issuance cost and annual servicing cost.
3. The scheme is open to Government run government hospitals and private hospitals approved for inclusion in the scheme
4. Will the same insurer be mandated to be giving top up cover? 
5. Top up cover by Insurers is to be paid voluntarily; however this plan SI has to be exhausted first
6. Actuarial certificate:- Kindly let us know if there is any specific Format for this Certificate OR we can produce in any format?
7. Public and Private Insurance Cos. Or only Public Insurance Cos. Insurance Companies - Please clarify can quote be given by both the Govt. of Goa bear the balance 50%?
8. In case of cashless diagnostic or treatment procedure, what will be the ratio of package rates to be charged?
9. Can diagnosis for a disease be done before the date of commencement of the scheme as per section 64VB of Insurance Act 1938, then premium payable based on the no of eligible person provided to the successful bidder by the DHS on or before the date of commencement of the scheme as per section 64VB of Insurance Act 1938
10. As you mentioned in third paragraph, 25% of premium payable based on the no of eligible persons provided to the successful bidder by the DHS on or before the date of commencement of the scheme as per section 64VB of Insurance Act 1938
11. iii. Payment will be as per actual usage at Claims submission, or it will be a lump sum given to the pharmacy?
12. iii. Payment will be as per actual usage at Claims submission, or it will be a lump sum given to the pharmacy?
13. If patient does not get operated on after Diagnostic Test…is covered? 
14. If patient does not get operated on after Diagnostic Test…is it covered?
15. ii. Will the approval have to be done quarterly?
16. i. If patient does not get operated on after Diagnostic Test…is covered?
17. ii. Will the approval have to be done quarterly?
18. i. Yearly paid: 15000/- ; Authorized quarterly
19. iii. Payment will be as per actual usage at Claims submission, or it will be a lump sum given to the pharmacy?
20. ii. Will the approval have to be done quarterly?
21. ii. Will the approval have to be done quarterly?
22. ii. Will the approval have to be done quarterly?
23. ii. Will the approval have to be done quarterly?
24. ii. Will the approval have to be done quarterly?
a. What would be the period for registration drive initially?

b. Will registration be allowed throughout the year?

c. How will bifurcations of the card would happen if a family moved under a hospital in another town?

d. Will the family units enter 4 cards converge sector or remain extended will not be allowed to enter of both family and after split.

e. What is the lag time for transfer of registration data from SDF to insurance company for issuance of card?

f. manual guarantee for residents those have registered in the year for subsequent years, so that they have a claim to part of the scheme. Please clarify.

g. How will bifurcation of the card work? Suppose a family members would like to split in mid of policy period. Will both family units enter 4 cards converge sector or remain extended will be finalised. In case of both family and after split.

d. Approximate number of Government Employees in the State: 50,000

b. Will registration be allowed throughout the year?

c. What is the lag time for transfer of registration data from SDF to insurance company for issuance of card?

1) Feedback mechanism should facilitate taking feedback from all insured persons. Therefore it is agreed that the insured hospitals may

2) Data will be provided to the insurer immediately after registration is done.

3) Feedback mechanism should facilitate taking feedback from all the beneficiaries. Therefore it is agreed that the beneficiaries may

1. Exclusion under Maternity benefit - Expenses incurred in emergency to save the life of mother.

2. Fertility related procedures.

3. Vaccination.

4. War, Nuclear invasion.

5. Drug and Alcohol induced illness.

6. Suicide.

1) Life insurance companies are not covered except induced by accident or other medical emergency to save the life of mother.

b. Insurer may collect the amount through any mode of payment.

c. requisite receipt has to be issued to the beneficiary.

2) Requisite declaration has to taken from the beneficiary.

3) requisite declaration has to be taken from the beneficiary.

1. Exclusion under Maternity benefit - Expenses incurred in emergency to save the life of mother.

2. Fertility related procedures.

3. Vaccination.

4. War, Nuclear invasion.

5. Drug and Alcohol induced illness.

6. Suicide.

1) Based on the existing RC data digitized, the approximate no of families in the state being empanelled, the insurer has to ensure pre Authorization are taken for all the corresponding changes/updatations on the card and the insurer's

2) Insurer may suggest specifications of the hardware to be procured by the sub-committee on a regular basis.

3) Functional requirements are given at Annexure -18 and insurer may work out creating/updating data pertaining to registration and the insurer will make

1. Somali from admission till the date of discharge will be a part of the savings for the particular procedure/ thereby.

2. The rates given are package rates for the procedures and include all associated charges.

3. Only procedures listed at Annexure 5A are to be covered.

1. ) Services where there is an overlap, GEL will carry out the job of

2. Mode of payment to the pharmacies may be same as mode of payment to the hospitals.

3. Insurer may suggest specifications of the server according to own specifications.

4. The insurer to bear the cost of appointment of Sayahak for 24*7*365.

5. Functional requirements are given at Annexure 5C which will be reviewed and monitored by the Committee/Sub committee.

6. Data will be provided to the insurer immediately after registration is done.

7) Registration and identification of beneficiaries will be done on selection of the insurer. Empanelment of hospitals and identification of beneficiaries will be done on selection of the insurer.

8) There is no maximum limit on the no of members in a family and all members resident within a family will be considered. Final selection of the issue will be decided with the insurer on board.

9) Changes to be made. Additional no member may be considered only in the subsequent year (annually).

10) Past reference data cannot be provided.

11) Data will be provided to the insurer immediately after registration is done.

12) There is no concept of referral cases. Procedures listed are to be covered as a mandate. In all cases the transaction must be for the beneficiary

13) Process to be adopted for Pan India hospitals listed at clause 1 i) 2. is

14) The insurers have to ensure that no data is lost and data is handled over to the insurer by GEL.

15) Renewal process will start from 1st February of every subsequent year on application data.

16) The insurer to ensure that no data is lost and data is handed over to the insurer by GEL.

17) The renewal process will be allowed throughout the year.

18) The rates given are package rates for the procedures and include all associated charges.

19) Only procedures listed at Annexure 5A are to be covered.

20) The insurer to ensure that no data is lost and data is handed over to the insurer by GEL.

21) The renewal process will be allowed throughout the year.

22) The insurer to ensure that no data is lost and data is handed over to the insurer by GEL.

23) The rates given are package rates for the procedures and include all associated charges.

24) Only procedures listed at Annexure 5A are to be covered.

25) The insurer to ensure that no data is lost and data is handed over to the insurer by GEL.

26) The renewal process will be allowed throughout the year.

27) The insurer to ensure that no data is lost and data is handed over to the insurer by GEL.

28) The rates given are package rates for the procedures and include all associated charges.

29) Only procedures listed at Annexure 5A are to be covered.
We suggest to keep separate rates for different sum insured families.

8. Will there be concession in premium for special category of enrollees?

6. Will the govt. pay back to insurance company if there is a loss in second or subsequent year?

15,000 limit is per family or per insured person. Also, whether reimbursement is restricted to Rs. 15,000 per family member per year?

3. Medication for chronic lifestyle: Kindly clarify whether Rs. 15,000 limit is per family or per insured person. Also, whether reimbursement is restricted to Rs. 15,000 per family member per year?

Follow-up and complication up to 1 month - is this separate from pre-post hospitalisation?

14. If claims ratio is adverse do insurance company will get a share of any premium?

1. Do we require to collect proof of residence?

Installment premium - Suggest for full year payment as we need to tie up with pharmacy for medication. Will this work on same smart card?

a). Do we need to empanel all PHCs and CHCs. Do these have sufficient manpower, Computer Systems/Printers/Card Printers/Card Readers/FPRs etc must be provided by Insurer.

Follow-up and complication up to 1 month - is this separate from pre-post hospitalisation?

2. Premium quotation - single quotation is required to be quoted. We will send the premium beneficiary to the Government of Goa.

4. Pre-authorization is mandatory - within 12 hrs and these cover emergency cases respectively. Is there a separate claim form or more than one?

Cost of Tender Document: ₹15000/- Cost of Tender Processing Fee: ₹1500/-, whether to pay both or not?

Cost of Tender Document: ₹15000/- Cost of Tender Processing Fee: ₹1500/-, whether to pay both or not?

d) No

A) i. No.

Refer clause 14 c

b). It is understood from the tender document that The Insurance Company shall design training/ workshop / seminars for both normal and emergency cases respectively, Is there a clear definition for emergency cases?

Doctors, GP members, Intermediary, Field Agents etc – what is the infrastructure requirement for empanelment of the hospitals within the state?

b). Fraud prevent mechanism is not defined in the tender document – does this implies there will be no frauds prevention?

A) ii. We suggest to keep separate rates for different sum insured families.

b). Fraud prevent mechanism is not defined in the tender document – does this implies there will be no frauds prevention?

a). Do we need to empanel all PHCs and CHCs. Do these have sufficient manpower, Computer Systems/Printers/Card Printers/Card Readers/FPRs etc must be provided by Insurer.

Purchase of health care with hospitals, 15

Insurance cover shall be up to 2.5 lakhs per annum for a family of three or less members and up to 4 lakhs for a family of four members.

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To be submitted as per standard format.

Library to be held by professionals present and not the promoters.

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