

RFQ No.-01/BSSS/BFA/2026-27 (Pre-bid queries & responses)

Sl. No.	Name of Agency	Q.No.	VOLUME (III)	Page No	Section No	Section Name	Statements as per RFQ document	Queries by bidders	Responses by BSSS
1	Overseas Pvt. Ltd.	1	1	37	9.vi.4	Award of contract and payment terms	The payments shall be made to the selected bidder on the basis of the rate quoted by the L 1 bidder in its commercial bid.	Please advise the time period within which the monthly invoices will be paid to the selected bidder.	As per the RFQ
		2	1	53	Ann VII	Service Agreement	Service Agreement	Please advise if the Service Agreement is to be submitted with the BID or it is to be submitted later by the successful bidder.	As per the RFQ
		3	1	54	Ann VII.3.iii & iv and Ann VII.4. iv & v	Service Agreement	Ann VII.3.iii & iv--As per the provisions of RFE No.1709 and any corrigendum issued thereafter, the provisions of the corrigendum shall, to that extent only, prevail over the corresponding earlier provision of the RFE. Ann. VII.4.iv--RFQ Document No. 1709/2026 alongwith subsequently issued corrigendum. Ann. VII.4.v--RFE Document No. 1709/2026	Page 1 mentions RFQ No 01/BSSS/BFA/2026-27, but all these sections (Ann VII.3.iii & iv and Ann VII.4. iv & v) mention a different RFE/ RFQ No 1709. Please clarify what is RFE/ RFQ No 1709	RFQ No 01/BSSS/BFA/2026-27 is invited by BSSS for limited financial Tender. RFE No 1709 is invited by NHA for empanelment.
		4	1	60	Ann VIII. 1	Definitions	Terms and expressions used in the Agreement (including the Introduction) shall have the same meanings set out in Agreement read with RFE number 1709 (RFE) and RFQ.	Page 1 mentions RFQ No 01/BSSS/BFA/2026-27, but this section mentions a different RFE No 1709. Please clarify what is RFE/ RFQ No 1709	As above
2	ARM Commercial Service PVT.LTD.	1	1	10	3.3.9	Definitions	Contract Value shall mean Total number of approved pre-authorization claims (in the last financial year, FY 2025-26) x discovered price of BFA (per case)	Please advise total number of approved pre-authorization claims in the last financial year (FY 2025-26).	Preauth approval count in Public Hospitals in the last financial Year(FY-2025-26) is 202107
		2	1	15	4.3.7	Suggestive Deployment Schedule	The requirement of Arogya Mitras may increase or decrease during the period of the Agreement, therefore, the Bidders should quote their Financial Bids accordingly. In case of any increase/decrease in requirement, the Beneficiary Facilitation Agency shall be required to deploy/remove Arogya Mitras. The payment shall be made on actual no. of Arogya Mitras deployed in any month.	Section No 4.3.7 mentions that the payment will be made for actual number of Arogya Mitras deployed in any month. This is in contradiction to Section No 9.vi.1 which states "The payment to the selected agency shall be made only against each of the claim reimbursed to the public hospital. After settlement of each claim submitted by the PMAMs provided by the BFA, the service charge as discovered through this RFQ shall be payable to the BFA". Please clarify payment terms.	As per the RFQ
3	Health Assist Insurance TPA PVT. LTD.	3	1	16	4.4.7	Minimum qualifications and requirements	The Beneficiary Facilitation Agency shall at its cost and expense responsible for providing the requisite equipment required by Arogya Mitras to perform their roles & responsibilities under this Tender Document. Such equipment shall be installed at the Help Desk to be set up at the designated space to be provided by the Public EHCP from where the Arogya Mitras shall render services to the Beneficiaries under the Scheme. The Agency shall also be responsible for its maintenance and replacement in case of any defect or problem. However, expenses on account of electricity and internet connectivity shall be borne by the Public EHCP only. The Furniture shall be of the Public EHCP.	This mentions expenses on account of electricity and internet connectivity shall be borne by the Public EHCP only. Also the furniture shall include the entire cost of executing the mentioned Scope of work including the infrastructure set up, IT hardware, software, tools, licensing, electricity, lease rent, bandwidth, supporting human resource, facility management charges cost, human resource hiring cost, salary cost, out of pocket expenses, building maintenance cost and any other incidental charges". Please clarify as to who will bear the Electricity and bandwidth charges as well as what will be the lease rent charges as both clauses are contradictory. Also clarify regarding furniture to be provided by the Public EHCP.	As per the RFQ
		1	1	45	Annexure III	Commercial Quote Format	The Commercial Quote requires a "Lump-sum Service fee payable per Claim Paid" and states that prices are to be quoted in Indian Rupees. However, the format also contains a reference to prices quoted in "%".	Kindly clarify whether the bidder is required to quote a fixed amount in ₹ per claim paid/reimbursed or a percentage of the claim value, as the Commercial Quote Format contains references to both Indian Rupees and percentage-based pricing. Kindly confirm the exact unit in which the commercial bid is to be quoted.	As per the RFQ
		2	1	36-37	Evaluation Criteria/Payment Terms	Evaluation Criteria/Payment Terms	The tender uses the number of approved pre-authorization claims in FY 2025-26 to determine contract value.	Kindly provide the hospital-wise and district-wise number of approved pre-authorization claims during FY 2025-26 for the public EHCPs covered under this RFQ, which will form the basis for calculation of the estimated contract value.	Preauth approval count in Public Hospitals in the last financial Year(FY-2025-26) is 202107
3		3	1	16	Equipment at all 589 hospitals.	Equipment at all 589 hospitals.	The BFA is required to provide equipment.	Kindly confirm whether the BFA is required to provide a complete set of prescribed equipment at each of the 589 public EHCPs, irrespective of the number of PMAMs deployed or the existing availability of compliant equipment at the EHCP.	As per the RFQ

193

52

4

All expenses to be borne by the Agency

RFQ No.-01/BSSS/BFA/2026-27 (Pre-bid queries & responses)

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4		5	1	18	4.4	22	The BFA shall pay applicable minimum wages to the PMAAM as provided for the level of semi-skilled labor. Further benefits under all applicable labour laws and statutory compliances such as ESIC, EPF etc. should be ensured.	With reference to the provisions relating to payment of Minimum Wages, we understand that the applicable Minimum Wages are subject to periodic revision by the competent authority and the revised rates shall be applicable to the manpower deployed under the contract. Such revisions may have a direct financial impact on the cost of manpower as well as on the corresponding statutory contributions and compliances, including EPF, ESIC and other applicable statutory components. However, the tender document does not clearly specify the mechanism for reimbursement / escalation of such statutory cost revisions during the contract period. We therefore request the Authority to kindly provide an appropriate price escalation mechanism for any increase in Minimum Wages and consequential statutory liabilities during the contract period, so that the BFA can duly comply with all applicable labour laws and statutory obligations without any financial prejudice. Alternatively, kindly clarify whether the financial impact arising due to any statutory revision in Minimum Wages, EPF, ESIC and other mandatory contributions shall be reimbursed separately over and above the quoted rates.	As per RFQ
		6	1	36	9	Award Criteria	SHA will award the contract to the successful bidder (L1 Bidder), whose quote has been determined to be substantially responsive and has been determined as the most responsive bid as per the process outlined in this RFQ i.e. L1 bidder.	With reference to the relevant clause, we understand that the entire scope of work is proposed to be awarded to the L1 bidder, despite multiple qualified / empaneled bidders being eligible to participate in the Limited Tender Enquiry. Considering the scale and criticality of the project, we request the Authority to kindly consider distributing the total project scope among a minimum of three technically qualified and empaneled bidders, based on a suitable allocation mechanism such as L1 / L2 / L3 participation, geographical / functional distribution, or other mechanism deemed appropriate by the Authority. Such an arrangement would provide greater operational resilience, ensure business continuity, mitigate dependency on a single service provider, encourage healthy competition and provide the Department with enhanced control and flexibility in managing the project. Accordingly, kindly consider revising the tender provision to permit allocation of the project among multiple qualified bidders instead of awarding the entire scope to a single L1 bidder.	As per the RFQ
		7	1	36	9	Award Criteria	The SHA will require the selected bidder to provide at selected bidders' cost an unconditional, irrevocable and continuing Performance Bank Guarantee/Performance Security for a value equivalent to 5% of the total number of approved pre-auth claims.	With reference to the Performance Security requirement stipulated in the RFP, we request the Authority to kindly consider prescribing the Performance Security at the lower permissible threshold of 3% of the Annual Contract Value, in line with the applicable Government of India procurement provisions, including Ministry of Finance Notification No. F.1/2/2023-PPD dated 03.04.2023, as may be applicable to the present procurement. Considering the substantial financial commitment involved in the project, a lower Performance Security requirement would reduce the upfront financial burden on the selected bidder, facilitate wider participation by capable agencies and ensure that the security requirement remains proportionate to the contractual obligations. Further, in line with evolving Government procurement practices and the availability of alternative financial security instruments, kindly consider permitting Insurance Surety Bonds (ISBs) issued by eligible/RDA-registered insurers as an acceptable form of Performance Security/PBG, at par with Bank Guarantees and other permissible instruments, subject to applicable rules and conditions. Accordingly, we request the Authority to kindly consider: - Performance Security of 3% of the Annual Contract Value; and - Acceptance of eligible Insurance Surety Bonds (ISBs) as an alternative mode of furnishing Performance Security/PBG. The above provisions would help reduce the financial burden on the service provider while continuing to provide adequate contractual security to the Authority, thereby promoting wider, competitive and inclusive participation.	As per the RFQ
		1	1	37	9	Award Criteria	Payment Term: The payment to the selected agency shall be made only against each of the claim reimbursed to the public hospital. After settlement of each claim submitted by the PMAAMs provided by the BFA, the service charge as discovered through this RFQ shall be payable to the BFA.	With reference to the payment terms stipulated in the RFP, the timelines and mechanism for release of payments to the Service Provider are not clearly specified. Considering that the implementation and operation of the project would involve substantial CAPEX as well as recurring OPEX, including timely payment of salaries, statutory dues, utilities, AMC and other operational expenses, a defined and predictable payment mechanism is essential for efficient execution of the project. We therefore request the Authority to kindly provide a clear payment schedule and defined timeline for processing and release of payments to the Service Provider.	

1291

RFQ No.-01/BSSS/BFA/2026-27 (Pre-bid queries & responses)

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5	Arnege Engineering Pvt. Ltd.	8						We further request that the payments towards the recurring services/manpower and other applicable OPEX components be made on a month-on-month basis, against the services rendered from the respective month and submission of the required supporting documents / invoices. Further, considering the substantial upfront investment towards CAPEX, kindly clarify and provide an appropriate mechanism for timely payment/reimbursement of CAPEX components, preferably linked to successful supply, installation, testing and commissioning/acceptance of the respective items. A defined and timely payment mechanism will enable the Service Provider to meet its contractual, manpower and statutory obligations on time and ensure uninterrupted and efficient operation of the project. Accordingly, kindly confirm that: - OPEX/service and manpower payments shall be processed and released on a month-on-month basis; - A specific timeline for submission, certification, processing and release of invoices shall be stipulated; and - CAPEX payments shall be released against successful SITC/acceptance of the respective equipment / items, as applicable.	As per the RFQ
		1	1	36	9	Award of Contract and Payment Terms	iii. Performance Guarantee – Point 2: "The performance guarantee to be submitted by the selected bidder within 7 days of issue of Letter of Intent..."	We request SHA to kindly consider extending the timeline for submission of the Performance Bank Guarantee (PBG) from 7 days to at least 20 days from the date of issuance of the Letter of Intent (LOI). Considering the substantial financial value of the PBG and the time required for banking, financial and documentation formalities, a minimum period of 20 days would provide the selected bidder adequate time to arrange and submit the unconditional and irrevocable Performance Bank Guarantee. We therefore request SHA to kindly allow at least 20 days for submission of the PBG.	As per the RFQ
		2	1	36	9	Award of Contract and Payment Terms	iv. Contract Signing – Point 4: "The successful bidder is expected to commence its service within 5 days from the date of signing the contract between SHA and the Selected Bidder."	We request SHA to kindly extend the service commencement period from 5 days to at least 30 days from the date of signing of the contract. Considering the substantial scope of work involving deployment of PMAs/Arnya Mitras, manpower onboarding, training, hospital-wise deployment, procurement and installation of required infrastructure/equipment, operational planning and coordination with Public EHOPs, a period of 5 days may not be sufficient for smooth implementation. Further, wherever an existing BFA is providing the services, we request SHA to kindly provide a suitable transition/handover period of at least 30 days to the newly selected BFA for obtaining necessary operational handover, pending pre-authorization/claim details, beneficiary-related information, portal/process-related information and other essential records from the existing BFA. This will ensure continuity of beneficiary services and prevent disruption during the transition from the existing BFA to the newly selected BFA.	As per the RFQ
		3	1	16	4.4	Minimum Qualification and Requirements	The RFQ specifies two different timelines for completion of the Pradhan Mantri Arogya Mitra Training Course and respective exam/certification: 90 days from deployment in the Note and 30 days from deployment under Point No. 3.	There is a discrepancy in the RFQ regarding the timeline for completion of PMAM training and certification. We request SHA to kindly clarify the exact applicable timeline and confirm whether the training course and examination/certification are required to be completed within 30 days or 90 days from the date of deployment.	As per RFQ
		4	1	37-38	vi	Payment Terms	Payment to the selected agency shall be made against each claim reimbursed/settled for the Public Hospital. The payment/invoicing shall be done as per the terms and timelines decided by SHA upon submission of invoice by the selected bidder.	We request SHA to kindly clarify the specific timeline within which the payment shall be released to the BFA after approval/settlement and reimbursement of each claim by the Public Hospital. Kindly specify the number of days from the date of claim approval/settlement within which the BFA will receive the applicable service fee payment. We request SHA to kindly clarify whether BFA can submit their invoice every month.	As per the RFQ
		5	1	36	9 (iii)	Performance Guarantee	The RFQ requires the selected bidder to submit a Performance Guarantee/Bank Guarantee. However, the applicable amount/value of the Performance Guarantee is not clearly specified.	We request SHA to kindly clarify the exact amount of Performance Guarantee/Bank Guarantee to be submitted by the selected BFA, along with the basis for calculation and the applicable percentage, if any. We request SHA to kindly share last year transaction details to understand the amount of BG to be submitted.	As per RFQ

05/05/2026

RFQ No.-01/BSSS/BFA/2026-27 (Pre-bid queries & responses)

Responses by BSSS

(487)

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6	MD INDIA HEALTH INSURANCE TPA PVT. LTD.	1						Kindly provide hospital-wise claim count data for the last three years on a month-on-month basis. Additionally, we request you to provide specially-wise and procedure-wise claim data for the last one year, on a month-on-month basis.	Preauth approval count in Public Hospitals in the last financial Year(FY-2025-26) is 202107
			I/II	42	Annexure II	Annexure II: Declaration & Undertaking	Form 1: Bid Security Declaration	Kindly clarify whether the Bid Security Declaration is required to be submitted on the Company's letterhead or on stamp paper.	As per the RFQ
		2		43	Annexure II	Annexure II: Declaration & Undertaking	Form 2: Undertaking (No Conflict of Interest)	Kindly clarify whether the Undertaking for No Conflict of Interest is required to be submitted on the Company's letterhead or on stamp paper.	As per the RFQ
		3		45	Annexure III	Annexure III: Commercial Quote Format	Commercial Quote Format	Kindly clarify whether the Commercial Quote Format is required to be uploaded on the e tender portal, if yes, the provision for uploading the same does not appear to be available on the portal. Kindly advise on the appropriate procedure for submission.	As per the RFQ
		4		47	Annexure V	Annexure V: Performance Bank Guarantee	Annexure V: Performance Bank Guarantee	Kindly clarify whether the Performance Bank Guarantee format is required to be submitted on the Company's letterhead or on stamp paper.	As per the RFQ
		5			Annexure V	Annexure V: Performance Bank Guarantee	Annexure V: Performance Bank Guarantee	Kindly clarify the penalty capping applicable under the tender, as the same does not appear to be specified in the tender document. Where as maximum capping of penalties was available in NHA-BFA empanelment tender.	As per the Corrigendum-1
6	Writer Business Service Pvt. Ltd.	6						Kindly clarify the approximate payment Turnaround Time (TAT) for settlement of payments to the empanelled hospitals.	As per the RFQ
		7						Kindly clarify the invoicing process for the TPA, including the frequency of invoice submission (monthly, quarterly, or as otherwise prescribed).	Not relevant
		8						While accessing the eProcure portal for the subject tender, we observed several operational tabs in the online submission module that are not explicitly detailed or defined in the tender document. To ensure complete compliance and correct submission of our bid, we kindly request clarification on the specific requirements for the following tabs: Terms & Conditions: No designated format or template is provided in the tender document for this section. Please clarify if a specific document or a self-declaration needs to be uploaded here. Work Experience: Kindly clarify the precise documents required under this tab (e.g., work orders, completion certificates, or client performance certificates). Bid Capacity: Kindly clarify Technical Staff Qualifications: Kindly clarify what are details we need to provide. . Other Portal Tabs: As there are additional standard tabs present on the portal that are not mentioned in the tender conditions, please guide us on whether all tabs are mandatory or if certain non-applicable tabs should be left blank or filled with a standard compliance letter.	As per the RFQ
		9						Please provide the FY 2025-26 district-wise and hospital-wise number of approved pre-authentication claims and claims actually reimbursed/paid	Preauth approval count in Public Hospitals in the last financial Year(FY-2025-26) is 202107
		1						Please provide the last 12 months' monthly claim volumes for each Public EHCP to assess seasonality and manpower requirements.	Preauth approval count in Public Hospitals in the last financial Year(FY-2025-26) is 202107
		2						Please clarify the definition of "Claim Paid" for billing purposes, is payment to BFA triggered only after final reimbursement to the hospital, or upon successful claim submission/approval?	As per the RFQ
6	Writer Business Service Pvt. Ltd.	3						In case a PMAM processes a claim but the claim is subsequently rejected/disallowed for reasons attributable to the EHCP/beneficiary/insurer/SHA, will the BFA receive the service fee?	As per the RFQ
		4						Please provide the hospital-wise proposed PMAM deployment requirement for all 339 Public EHCP	As per RFQ
		5						Please confirm the working hours, working days per week and applicable working/shift timings for PMAM personnel.	As per the RFQ
		6							

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7		7	III	14	4.3	Suggestive Deployment Schedule	Arogya Mitras to be deployed in various shifts to ensure 24x7 of case load per PMAM as long as the duties entrusted to PMAM are performed as per the contractual terms and conditions	Please confirm the number of Public EHCPs requiring 24x7 PMAM coverage versus normal hospital operating-hour coverage.	As per the RFQ
8		8	III	14	4.3	Suggestive Deployment Schedule	Arogya Mitras to be deployed in various shifts to ensure 24x7 of case load per PMAM as long as the duties entrusted to PMAM are performed as per the contractual terms and conditions	Please provide the expected number of PMAMs to be deployed during the initial contract period.	As per the RFQ
9		9	III	14	4.3	Suggestive Deployment Schedule	Arogya Mitras to be deployed in various shifts to ensure 24x7 of case load per PMAM as long as the duties entrusted to PMAM are performed as per the contractual terms and conditions.	Please clarify whether the BFA will have flexibility to redistribute PMAM resources across hospitals based on actual case volumes.	As per the RFQ
10		10	III	14	4.3	Suggestive Deployment Schedule	The BFA shall provide a substitute well in advance against the PMAM who is leaving the job due to his/her own personal reasons and shall ensure a minimum overlap of 15 days between the incumbent and incoming PMAM.	Please clarify whether the 15-day overlap for replacement is mandatory in all cases or only where the outgoing PMAM provides adequate notice.	As per the RFQ
11		11	III	16	4.4	Minimum Qualification and Requirements	They must have completed the Pradhan Mantri Arogya Mitra Training Course and passed the respective online course exam/certification within 90 days of deployment 3. Completed the Pradhan Mantri Arogya Mitra Training Course and passed the respective course exam/certification within 30 days of deployment. Further, suitable replacement should be immediately provided.	The RFQ mentions completion of PMAM training/certification within 30 days in one clause and 90 days in another. Please confirm the applicable timeline.	As per RFQ
12		12	III	16	4.4	Minimum Qualification and Requirements	They must have completed the Pradhan Mantri Arogya Mitra Training Course and passed the respective online course exam/certification within 90 days of deployment 3. Completed the Pradhan Mantri Arogya Mitra Training Course and passed the respective course exam/certification within 30 days of deployment. Further, suitable replacement should be immediately provided.	Please confirm whether the cost of PMAM training/certification will be borne by the BFA or SHA/NHA.	The PMAM training is provided by NHA which does not incur any cost.
13		13	III	16	4.4	Minimum Qualification and Requirements	They must have completed the Pradhan Mantri Arogya Mitra Training Course and passed the respective online course exam/certification within 90 days of deployment 3. Completed the Pradhan Mantri Arogya Mitra Training Course and passed the respective course exam/certification within 30 days of deployment. Further, suitable replacement should be immediately provided.	Please clarify whether existing NHA-certified PMAMs can be deployed without repeating the complete training.	As per the RFQ
14		14	III	12	4.2 Point	Roles and	Health Benefit Package	Please clarify we use HBP 2.0 or HBP 2.2 in Bihar?	HBP2022
15		15	III	14	4.2 Point 8-1(a)	Roles and Responsibilities of Arogya Mitras	Rejection of pre-authorized/ approved claims due to wrong/ deficient uploading of documents by Arogya Mitras beyond the specified threshold.	Rejection of Pre auth due to non availability of document eg. At CHC level, X ray facility not available/ or available is without patient details or doctor clinically diagnosed patient.	As per availability of services available in the EHCP s.
16		16	III	14	4.2 Point 8-1(b)	Roles and Responsibilities of Arogya Mitras	Non reply to the query raised by the Insurer/SHA related to pre-authorization/claim submission by Arogya Mitras.	Please clarify where Pre auth/claim rejections occur due to reasons beyond BFA's control, in cases of hospital or doctor-side delays or some medical reasons being PMAM from non medical background and their dependency on Doctors for queries resolution.	As per the RFQ
17		17	III	14	4.2 Point 8-1(g)	Roles and Responsibilities of Arogya Mitras	Late submission of claim/ discharge files by Arogya Mitras	Please clarify in scenarios where patient carries their files/ required documents like investigations along with them and documents are not available at hospital and delay in files provided by hospital.	As per the RFQ
18		18	III	14	4.3 Point 1	Suggestive Deployment Schedule	The Placement norms of Arogya Mitras based on average cases registered per day: a) 0-10 cases, 1 Arogya Mitra.	As per NHA updated RFP (S-12018/166/2021-NHA) volume I released on 09.01.2026, The Placement norms of Arogya Mitras based on average cases registered per day: a) 5-10 cases, 1 Arogya Mitra.	As per the RFQ

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19		III	15	4.3 Point 6		Suggestive Deployment Schedule	No. of public EHCPS under PM-JAY in the state	Can we ask Why Medical Colleges are not included? Only DH, SDH, CHC, PHC and RH are included in RFP.	As per the Corrigendum-1
20		III	15	4.3 Point 6		Suggestive Deployment Schedule	No. of public EHCPS under PM-JAY in the state	Since PMJAY project relies on IPD, please clarify is IPD admissions done at PHC level?	Yes
21		III	15	4.3 Point 7		Suggestive Deployment Schedule	Requirement of Aarogya Mitras may increase/decrease during period of the agreement	Requirement of PMAM can be revised/increase/decrease, can you please specify counts?	As per RFQ
22		III	15	4.3 Point 7		Suggestive Deployment Schedule	The payment shall be made on actual number of Aarogya Mitras deployed in any month.	Payment will be done on basis of Aarogya Mitras or on basis no. of claims paid	As per the RFQ
23		III		4.5 Point 1		Service Levels	On-boarding of all PMAMs at respective public EHCPS as communicated by SHAs Within 15 days as per schedule given by SHA.	Please clarify the process for onboarding in cases where the Kiosk and/or TMS ID is not made available within the stipulated timeline of 15 days.	As per the RFQ
24		III		4.5 Point 486		Service Levels	Responding to query by PPD & CPD.	Pre-auth/Claim queries require support of doctors being PMAM from non medical background, it may take time as treating doctor may be having OT/Night duty and are not available during working hours of PMAMs.	As per the RFQ
25		III		4.5 Point 7		Service Levels	Forced OPD-IPD conversion & Booking of false preauthorization/substituting false claims.	Please specify criteria of OPD to IPD conversion, as advice for admission totally depends upon Treating doctor not PMAM.	As per the RFQ
26		III		4.5 Point 9		Service Levels	Issuing Aayushman card to non-entitled person.	Please clarify that, being the BFA, we will be given any system/tools to independently verify or cross-check the PMJAY cards being created?	As per the RFQ
27		III	17	4.4		Minimum Qualification and Requirements	17. The Beneficiary Facilitation Agency shall appoint one responsible person to act as the District Nodal Person at each district level. Such District Nodal Person shall be responsible for regular coordination with all the Public EHCPS, the Project Manager of the Agency placed at SHA office and the Arogya Mitras within that district.	Please confirm the required number of District Nodal Persons and whether one person can manage multiple districts.	As per the RFQ


Randhir Kishore
Procurement Manager


Mrinal Sisodia
Director Administration


Alok Kumar Singh
Finance Controller


Shailash Chandra Dwivakar
Administrative Officer