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Sl. No.	Name of Agency	Q.No.	VOLUME	Page No	Section No	Section Name	Statements as per RFQ document	Queries by bidders	Responses by BSSS
1	Health India Pvt.Ltd.	1					The Bidder should be registered with the IRDAI for carrying on TPA business in consecutive financial year 2022-23, FY 2023-24 & FY 2024- 25	FY 23-24, 24-25 & 25-26 to be considered as all TPAs ITR is already filed	As per corrigendum -1
		2					The bidder should have experience of handling at least 5,00,000 health claims during each of the Financial years- FY 2022-23, 2023- 24 & FY 2024-25	FY 23-24, 24-25 & 25-26 to be considered as all TPAs ITR is already filed	As per corrigendum -1
		3					The bidder should have experience with Govt in Health Insurance/Assurance Schemes during the last three FY2022-23, 2023- 24 & FY 2024-25	FY 23-24, 24-25 & 25-26 to be considered as all TPAs ITR is already filed	As per corrigendum -1
		4						Will there be two separate clusters for each Cluster.	As per the RFP
		5						You are requested to share cluster wise no. and amount of claims intimated since there is a huge difference in data of 2 clusters.	FY 2025-26 Cluster-I Peauthorization count-792076 Claim count-771979 Cluster-II Preauthorization count-572242 Claim count-556797
		6						Will there be any provision to work with a mixture of MBBS & AYUSH Doctors.	As per the RFP
2	Heritage Health Insurance TPA Pvt. Ltd.	1	RFP	16	3.3.3		The Bidder should have Average Annual Turnover of Rs.100 Crores from the Health Insurance/Assurance business during the financial years — FY 2022-23, 2023-24 & FY 2024-25.	In most of the AB PMJAY Scheme in all other States of India, required by NHA is Annual Turnover of 10 Crs. or 20 Crs.This hold maximum participation of established TPA. Requested to follow the same in Bihar to make it more competitive for cluster wise separate ISA.	As per the RFP
		2	RFP	24	8.7.2 a		Formats for Financial Bid a)The bidder has to apply for 'Cluster-1' and 'Cluster-2' separately.	It would be better if you explained it clearly that whether TPA has to submit technical bid documents separately for each cluster or not?	As per the RFP

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		3	RFP	25	9.4.2		To participate in the e-tendering process, the bidder/ agency are required to get themselves registered with Bihar Government Centralized e-Procurement portal, i.e., https://eproc2.bihar.gov.in, shall contact the helpdesk at the following address, "Mjunction Services Limited, RJ Complex, 2nd Floor, Canara Bank Campus, Khajpura, Ashiana Road, P.S. - Shastri Nagar, Patna 800 014, Bihar, e-mail id: eproc2support@bihar.gov.in, Toll Free Number- 18005726571 (Working Hours: 8AM to 7PM, All days in week except Sunday and few selected state holidays)".	Beyond online registration in the e-proc portal in order to participate in the tender whether we have to contact/visit their office further or not?	As per the RFP
		4	RFP	59	5 d		….ISA shall not be involved in the beneficiary identification/ verification process….	Understand that ISA has not to do BIS. Pl confirm	As per the RFP
		5	RFP	61	9.2.1 a		The ISA shall submit to the SHA on or before the date of execution of this Agreement, an irrevocable, unconditional and on-demand bank guarantee from a Scheduled Bank for an amount equal to 10% of the value of contract, that is payable or confirmed for payment in Patna, in the format set forth in Schedule 21 (the "Performance Security" or"Performance Bank Guarantee" or PBG), to secure the due performance of the ISA's obligations and the discharge of the ISA's liabilities under this Agreement, whether during or after the Term.	Requested to provide the exact amount of the Performance Security here.	As per the RFP

		6	RFP	62-63	10.8		Penalty amount for KPIs shall be calculated each month and shall be deducted from the Invoice amount as per KPIs defined in Schedule-8. 1.On the basis of KPI performance as mentioned in schedule 8(A), 8 (B) and 8(C) - (A)Initial Setting up KPIs (B)Performance KPIs (C) Audit Related KPIs Penalty Amount: Maximum Caping of 10% of Invoice Amount. The maximum penalty will be limited to 10% of the invoice value excluding the penalty due to preauth processing/ claim processing doctor exceeds the maximum limit number of claim processing per day. 2.On the basis of productivity KPI (KPIs for Key Staff by ISA) as mentioned in schedule 8 (D) (PPD and CPO productivity) If any Preauthorization Processing Doctor (PPD)/ Claim Processing Doctor(CPD) exceeds the maximum number of claim processing per day as mentioned in Schedule 8(D) Penalty Amount: Rs.1000 (Rupees One Thousand) per login per day.	Please confirm if the penalty exceeding 10% only apply for exceeding maximum limit of claim processing in PPD and CPD per login per day. If we work for 2 shift whether maximum limit per day can be increased.	As per the RFP
		7	RFP	66	14.1.b		If EHCP fails to submit the claims within 7 days, the EHCP shall take written permission from SHA for submission of claims. Claims submitted beyond 21 days of discharge of patients will not be admissible. However, in case of Public EHCPs, this time may be relaxed as defined by SHA.	Understand that Claims submitted beyond 21 days of discharge of patients will be directly rejected by ISA without raising query. Please confirm whether it is true for both private and public EHCPs.	As per the RFP and NHA Guidelines.
		8	RFP	66	14.1.c		If the ISA recommends for rejection of a Claim, after approval from SHA, the ISA shall issue an electronic e-notification of rejection to the Empanelled Health Care Provider stating details of the Claim summary; reasons for rejection; and details of the District Grievance Nodal Officer. e-notification of rejection shall be issued the Empanelled Health Care Provider as per TAT in Schedule 8.B. The ISA should inform the Empanelled Health Care Provider of its right to seek redressal for any Claim related grievance before the District Grievance Redressal Committee in its e-notification of rejection.	Need further clarification on this that how ISA can reject a claim after approval from SHA in the TMS 2.0. How ISA will send e-notification in the NHA portal. Please elaborate the whole process.	As per the RFP

		9	RFP	134	Schedule 11		1.State Project Manager- 1 2.State Medical Manager- 1 3.PPD- Min 30 MBBS doctors(Max 100 preauth request per doctor per day) 4.CEX- Min 30 persons(Max 100 claims process per person per day) 5.CPD- Min 30 MBBS doctors(Max 90 claims process per doctor per day) 6.Full-time Medical Auditor/Auditor's team lead- At least 1 MD/MS or MBBS with PGCHI 7.Empanelled Medical Auditors- As require, MBBS 8.District ISA Executive- 1 per district.	Considering the present claim volume, the requirement of MBBS doctors will be more than 100 which is very difficult to get locally. Can the claim be processed from HO or other branches of TPA. Can mix of Ayush and MBBS be permissible.	As per the RFP
3	**MDIndia Health Insurance TPA Pvt. Ltd.**	1	III	35	8	KPI Indicators	Initial Setting up KPI*	District office provided by SHA or ISA has to establish their own set up	As per the RFP
		2	III	47	11	Minimum Manpower Requirements	State Project Manager & Appointment of other required staff	ISA may hire MBA or PG as Project Head or PG in Health care,/Hospital Management and Insurance & Risk Management only. Please clarify other required staff except CEX/CPD/PPD and Auditors if any requirement	As per the RFP
		3	III	47	11	Minimum Manpower Requirements	Pre-Auth Processing Doctor	For Pre-Auth MBBS is mandatory or BAMS/BHMS/BDS may be used under MBBS supervision as claim processor	As per the RFP
		4	III	47	11	Minimum Manpower Requirements	Claim Processing Doctor	For Claim Processing MBBS is mandatory or BAMS/BHMS/BDS may be used under MBBS supervision as claim processor	As per the RFP
		5	III	48	11	Full Time Medical Auditor	Post Graduate(MD/MS) in relevant clinical discipline or MBBS with PGCHI	MBBS MD is mandatory or only MBBS may be used as Auditor	As per the RFP
		6	III				General	Claim Processing ISA has to do from project office or central office also	As per the RFP
		7	III				General	Please confirm current claim & pre-auth count in Cluster 1 & Cluster 2 for last 3 financial years/per day	FY 2025-26 Cluster-I Peauthorization count-792076 Claim count-771979 Cluster-II Preauthorization count-572242 Claim count-556797

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		8	II & III	24 Volume II & 34 of Vol-III	14	Claim Adjudication &KPIs	TAT for claim Payment is 8 days within the state and 15 days for inter state	There appears to be a discrepancy between Schedule 14.1 of Volume II and the KPIs specified in Volume III regarding the Turnaround Time (TAT) for claim processing/payment. As per Point (g) of Schedule 14.1 of Volume II, the stipulated TAT for claim payment is 8 days for claims within the State and 15 days for inter-State claims. However, under Point No. 2 of the KPIs in Volume III, the same TAT is specified for claim processing, rather than for the final payment of the claim. In view of the above, kindly clarify whether the stipulated TAT of 8 days for intra-State claims and 15 days for inter-State claims pertains to claim processing or final claim payment. We request you to kindly clarify the intended interpretation to avoid any ambiguity in understanding and compliance with the stated KPIs.	As per the RFP
		9				General	General	Kindly clarify the maximum limit of penalty applicable under the contract. If, for example, 10% is specified as the maximum penalty limit, does this mean that the penalties for all types of non-compliances will be covered within this 10% limit? Or can any additional/separate penalties be imposed over and above the maximum limit for specific non-compliances?	As per the RFP
4	MedSave Health Insurance TPA Limited	1	I	15-16	6,4.1	EMD of Rs 9,00,000 per cluster; e-Proc portal shows EMD exemption as 'Not allowed'.		Rule 170 of GFR 2017 and the Public Procurement Policy for MSEs Order, 2012 exempt MSEs from bid security. AB-PMJAY is a centrally sponsored scheme co-funded by GoI through NHA. The Bihar Purchase Preference Policy 2024 (Cl. 13(1)) also grants EMD exemption to MSEs. NHA's own ISA tender (the NHA Request for Empanelment of ISAs for Convergence Schemes on NHA's IT Platform (Ref. S-12017/86/2020/NHA-Part(3), CPPP Tender ID 2025_NHA_868389_1)) accepts a Bid Security Declaration in place of EMD. We request that Micro & Small Enterprises registered under Udyam be exempted from EMD, or alternatively be permitted to submit a Bid Security Declaration in lieu of EMD. Please enable the exemption on the e-Proc portal for both clusters.	As per the RFP
		2	I			Tender Processing Fee		The Public Procurement Policy for MSEs Order, 2012 and the Bihar Purchase Preference Policy 2024 (Cl. 13(1)) provide tender document free of cost to MSEs. Please confirm whether MSEs are exempt from the tender/bid processing fee. If this fee is only payable to the e-Proc service provider, please confirm that.	As per the RFP

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		3	I	14	**Average Annual Turnover**	Average annual turnover of Rs 100 crore from Health Insurance/Assurance business in FY 2022-23, 2023-24 & 2024-25.		NHA, the national nodal agency for AB-PMJAY, has fixed average annual turnover of Rs 20 crore for ISAs doing the same pre-auth and claim adjudication work in the NHA Request for Empanelment of ISAs for Convergence Schemes on NHA's IT Platform (Ref. S-12017/86/2020/NHA-Part(3), CPPP Tender ID 2025_NHA_868389_1). SHAs are expected to follow NHA model documents. Department of Expenditure OMs (2016) direct relaxation of prior turnover and prior experience criteria for MSEs in public procurement, subject to meeting quality and technical specifications. We request that the average annual turnover requirement be reduced to Rs 20 crore, in line with the model tender of the National Health Authority (NHA) for the same ISA / claim processing services.	As per the RFP
		4	I			**Purchase preference for MSEs**	Selection by L1 method only.	Please confirm whether purchase preference will apply to MSEs quoting within L1 + 15%, allowing them to match the L1 rate, as per the Public Procurement Policy for MSEs and the Bihar Purchase Preference Policy 2024 (Cl. 8, 10-11). Both policies provide a 15% margin of purchase preference for MSEs on services.	As per the RFP
		5	II	19	9.2.1	Performance Security	PBG of 10% of the value of contract from a schedule bank, valid till 180days contract end.	Rule 171 of GFR 2017 provides for Performance Security of 3%-10%. DoE has permitted Insurance Surety Bonds as Performance Security. A 10% PBG on a 2-year value (~Rs 4+ crore) blocks significant working capital for an MSE. NHA's ISA tender (the NHA Request for Empanelment of ISAs for Convergence Schemes on NHA's IT Platform (Ref. S-12017/86/2020/NHA-Part(3), CPPP Tender ID 2025_NHA_868389_1)) fixes Performance Security at a flat Rs 30 lakh. (a) Please reduce the Performance Security to 3%-5% of the annual contract value for MSEs. (b) Please accept e-Bank Guarantee / Insurance Surety Bond / FDR as Performance Security. (c) Please reduce validity to 60 days after contract end.	As per the RFP
		6	II	20		**Payment terms**	Fee paid in 4 equal quarterly instalments at the end of each quarter, by the 10th of the following month.	Under Section 15 of the MSMED Act, 2006, dues to MSEs must be paid within 45 days of acceptance of services. Quarterly payment in arrears means ~4 months of salaries, rent and set-up funded by the ISA before first receipt (~Rs 10 crore per cluster). We request monthly payment against monthly invoices,payble within 45 days as per MSME policy.	As per the RFP

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		7	I	15	ITR years	ITR for 'three assessment years FY 2023-24, FY 2024-25 & FY 2025-26'.		The clause mixes 'assessment years' and 'FY'. Please clarify whether the requirement is Assessment Years 2023-24, 2024-25 & 2025-26 (i.e. FY 2022-23 to 2024-25), or ITRs for Financial Years 2023-24 to 2025-26.	As per corrigendum -1
		8	I	26	Award of clusters	A bidder selected for Cluster-1 will not be considered for Cluster-2, unless only 2 bidders are technically qualified.		(a) If a bidder is L1 in both clusters, may the bidder choose which cluster to accept? (b) Please confirm that a bidder may quote different rates for the two clusters. Needed for PBG for bidding strategy.	As per the RFP
		9	III	39-47 Schedule 8	Location of doctors	Location of PPD/CPD/CEX shown as 'SPO / Central Office of ISA'.		Please confirm that PPD, CPD and CEX may work from the ISA's central/processing office outside Bihar, with only the SPO and district teams located in Bihar. Allows use of existing processing centres and faster deployment.	As per the RFP
		10	I	12 & 13	Claims data	Only the family count per district is given.		Clause 12 of Fin-1 requires bidders to certify the fee is viable based on claims experience. No data has been shared for estimation. Please share cluster-wise and district-wise data for FY 2024-25, FY 2025-26 and FY 2026-27 (till date): number and amount of pre-authorisations and claims, portability cases, public vs private hospital share, number of empanelled hospitals, and death cases.	FY 2025-26 Cluster-I Peauthorization count-792076 Claim count-771979 Cluster-II Preauthorization count-572242 Claim count-556797
		11	I & II		Allocation of cases	State divided into 2 clusters by district.		Patna hospitals will receive patients from both clusters. The allocation rule changes workload significantly. Please clarify whether pre-auths/claims will be assigned to a cluster ISA by (a) location of the treating hospital, or (b) home district of the beneficiary. How will portability (outside state) cases and cases of Cluster-1 beneficiaries treated in Cluster-2 hospitals be allocated?	As per the RFP
		12	II	19	Contract value for PBG	PBG equal to 10% of the 'value of contract'.		Please confirm whether 'value of contract' is the annual fee (n x f) or the total 2-year fee. Needed to arrange bank limits.	As per the RFP
		13	II	29	Distance of State Project Office	Recital H: within 5 km of BSSS office. Cl. 18.1: within 10 km of BSSS office.		The two clauses conflict. Please confirm which is applicable. We request 10 km.	As per the RFP

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		14	II	21	Penalty cap	Maximum penalty 10% of invoice value, excluding productivity (PPD/CPD) penalties.		Please confirm that ALL KPI penalties in Schedule 8 (including penal interest payable to hospitals and the 3x recoveries) fall within the 10% cap per invoice. The clause is unclear on what is 'excluded'.	As per the RFP
5	FHPL Family Health Plan Insurance Pvt.	1						CPD TAT – 8 Days: The RFP mentions an 8-day TAT for CPD claims within the State. Please clarify whether this is the maximum timeline for claim processing by the ISA	As per the RFP
		2						Can we process the cases through the HO team.	As per the RFP
		3						can SHA share the required claims dump data with the ISA	As per requirement , SHA shall take decision.
		4						ISA can get the ticket raise tools for the techincal issue.	As per requirement , SHA shall take decision.
		5						Please provide Project office manpower details.	As per the RFP
		6						IS that MBBS require for PPD.	As per the RFP
		7						Are there Doctors require in Patna.	As per the RFP
6	Health Assist Tpa PVT Ltd.	1	I	14	2.2	Selection of ISA	The State is divided into 2 Clusters comprising all 38 districts and ISA shall be selected cluster-wise.	Kindly clarify the exact district-wise composition of Cluster-1 and Cluster-2 and confirm whether the cluster allocation will remain unchanged throughout the contract period.	As per the RFP
		2	I	16	3.1	Eligibility Criteria	The RFQ requires submission of financial information/criteria for FY 2022-23, FY 2023-24 and FY 2024-25 under the respective eligibility segments.	Since FY 2025-26 has been completed and the audited financial statements/balance sheet for FY 2025-26 are available with bidders, kindly clarify whether the FY 2025-26 audited financial statements may also be considered in place of FY 2022-23, FY 2023-24 and FY 2024-25	As per corrigendum -1
		3	I	16	3.3 – Sr. 2	IRDAI Registration	Bidder should be registered with IRDAI for carrying on TPA business during FY 2022-23, 2023-24 and 2024-25.	Kindly clarify whether the bidder must have held an uninterrupted TPA licence throughout all three financial years, and whether renewal/continuation certificates will be acceptable.	As per corrigendum -1
		4	I	16	3.3 – Sr. 3	Turnover	Bidder should have average annual turnover of ₹100 Crores from Health Insurance/Assurance business during FY 2022-23 to FY 2024-25.	Request for rationalizing the financial requirement for TPA to bid at 20 Cr.(As Per NHA Modal tender) per year for last 3 years instead of 100 Cr. as mentioned	As per the RFP & corrigendum -1
		5	I	16	3.3 – Sr. 4	claims Experience	Bidder should have experience of handling at least 5,00,000 health claims during each FY 2022-23, 2023-24 and 2024-25.	Having experience of handling at least 25,000 health claims for category A States and 50,000 health claims for category B States in all the three preceeding financial year as per modal tender, Request for rationalizing the requirement for TPA	As per the RFP & corrigendum -1

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		6	I	17–18	4.1	Bid Security	EMD of ₹9 lakh is required for each cluster.	Kindly confirm whether a bidder applying for both clusters is required to submit two separate EMDs of ₹9 lakh each, or whether one consolidated EMD of ₹18 lakh is acceptable.	As per the RFP
		7	I	13–15	1.7 / 2.4	Workload & Volume	Tender specifies beneficiary coverage but does not specify detailed activity-wise transaction volumes.	Kindly provide historical monthly claim inflow, pre-authorisation volume, discharge/claim volume, rejection/denial volume, portability cases and audit volume, preferably for the preceding 1 year, cluster-wise.	FY 2025-26 Cluster-I Peauthorization count-792076 Claim count-771979 Cluster-II Preauthorization count-572242 Claim count-556797
		8	III	46-47	schdeule 11	Minimum Manpower criteria	ISA shall ensure that preauthorization and claim approval and rejection shall be approved by an MBBS doctor	Please confirm whether BHMS/BAMS/BDS doctors may undertake preauthorization and claim approval/rejection, and whether medicos from non-MBBS streams may perform such responsibilities under the guidance and supervision of an MBBS-qualified medical professional.	As per the RFP

Randhir Kishore
Procourement Manager

Ravi Pnadey
M & E Manager

Darsh
Finance Manager

Alok Ranjan
Director Oper.

Santosh Kumar Jha
Director IT & MIS

Mrinal Sisodia
Director Admin.

Alok Kumar Singh
Finance Controller

Shailesh Chandra Diwakar
Administrative Officer