GOVERNMENT OF TAMIL NADU
TAMIL NADU HEALTH SYSTEMS PROJECT

From
D.S.Uma, I.A.S.,
Project Director,
Tamil Nadu Health Systems Project,
DMS Annex Building,
Teynampet, Chennai – 600 006.

To
The General Manager,
M/s. United India Insurance Company Limited,
Sakthi Towers, Kilpauk
Chennai -600 010.

Letter No. 4623/TNHSP/Ins/2021 dated:31.12.2021

Madam,

Sub: Tamil Nadu Health Systems Project –Chief Minister's Comprehensive Health Insurance Scheme – Revision of corrigendum and amendment to tender document for New tender -2022-2027 - Reg

Ref:
1 G.O.(Ms) No.530 Health and Family Welfare (EAP1-1) Department, Dated: 25.11.2021

2 This office Ref.No.4623/TNHSP/Ins/2021 Dated: 29.12.2021

3 Letter from DGM, UIIC to the Project Director dt: 31.12.2021.

As per the request of M/s United India Insurance Company to make changes in the refund clause in tender document under Enclosure2, Clause 13 /Para 1 / Page No: 68 the revised corrigendum and the amendment/addendum to the tender document is enclosed herewith.

Hence, the changes will be made in the table of corrigendum and the Amendment/Addendum to tender document will be revised accordingly, as requested by M/s United India Insurance Company.

Encl: Table of Corrigendum, Addendum to the tender document.

Sdxxxx
Project Director

// True copy // forwarded // by order //

For Project Director

31/12/21

Table-1: Table of corrigendum

Section /Clause/Para & Page No.	Existing Clause	Revised clause	Reference to the S.No of the Amendment/Addendum [Table 2] wherever applicable
Enclosure 2 / Clause 13 / Para 1-4 / Page No. 68	1) After completion of each Policy year, the insurance company shall settle the outstanding claims amount for that year still pending on 31st March to Tamil Nadu Health Systems Project. Tamil Nadu Health Systems Project will bear the liabilities if any raising out of the outstanding claims, thereafter. An undertaking to that effect will be provided by TNHSP on settling such outstanding claims.	(1) After completion of each Policy Year, the insurance company shall settle the outstanding claims amount for that year. The hospitals/service providers will have to ensure that they provide all the required documents to enable settlement of outstanding before 31st March of the consecutive year. The Insurance company is not liable for any claims outstanding as at end of 31st March of consecutive year and any such outstanding will be the responsibility of TNHSP. A discharge certificate stating that the insurance company is not liable for any outstanding claims and unreported claims as at 31st March of the immediately succeeding the end of Policy Year will be provided by TNHSP.	Refer S. No. 2 of the Table-2: Amendment/ Addendum to The bidding document

	2) Incurred claim should be calculated excluding the outstanding claim.	(2) Paid / Settled claims are calculated as the claims paid / settled till end of 31st March immediately following the end of the Policy year. Paid /Settled claims ratio is calculated as the Paid / Settled claims divided by the Premium.	
	3) After providing 10% of the premium paid towards the company's administrative cost, if the claims settled (settlement to the Hospital) on the premium is less than 90%, then 90% of the leftover surplus will be refunded to the society on March 31st of the consecutive policy year.	(3) After providing 10% of the agreed Premiums towards the company's administrative cost, if the Paid/Settled claims (settlement to Hospitals) on the premium is less than 90%, then 90% of the leftover surplus will be refunded to TNHSP on the 31st March immediately following the end of the Policy year.	
	(A) Say for example if the premium amount is Rs.100/-	A) Say for example if the premium amount is Rs.100/- (B) Rs.10/- goes to company's	

	(B) Rs.10/- goes to company's administrative cost. (C) Rs.90/- is now left out. If the claim settled amount is Rs.60/-, Rs.30/- is then the leftover amount. Out of Rs.30/-, Rs.27/- (90% of Rs.30/-) is to be refunded back to the society by 31st March. 4) If the claims settled on the premium is more than 110%, 50% of the excess amount will be paid by Tamil Nadu Health Systems Society to the insurance company after verification.	administrative cost. (C) Rs.90/- is now left out. If the claim settled amount is Rs.60/-, Rs.30/- is then the leftover amount. Out of Rs.30/-, Rs.27/- (90% of Rs.30/-) is to be refunded back to the society by 31st March. (4) If the Paid / Settled claims ratio (calculated as Paid/Settled claims divided by Premiums) is more than 110%, 50% of the excess amount will be paid by Tamil Nadu Health Systems Society to the insurance company after verification.	

Table-2:Amendment /Addendum to the bidding document			
Section/Clause/Para & Page No.	**Description**	**For (Existing)**	**Read as (Addendum or Amendment)**
Enclosure 2 / Clause 13 / Para 1-4 / Page No. 68	13) Refund	1) After completion of each Policy year, the insurance company shall settle the outstanding claims amount for that year still pending on 31st March to Tamil Nadu Health Systems Project. Tamil Nadu Health Systems Project will bear the liabilities if any raising out of the outstanding claims, thereafter. An undertaking to that effect will be provided by TNHSP on settling such outstanding claims.	(1) After completion of each Policy Year, the insurance company shall settle the outstanding claims amount for that year. The hospitals/service providers will have to ensure that they provide all the required documents to enable settlement of outstanding before 31st March. The Insurance company is not liable for any claims outstanding as at end of 31st March and any such outstanding will be the responsibility of TNHSP. A discharge certificate stating that the insurance company is not liable for any outstanding claims and unreported claims as at 31st March of the immediately succeeding the end

			of Policy Year will be provided by TNHSP.
		2) Incurred claim should be calculated excluding the outstanding claim.	(2) Paid / Settled claims are calculated as the claims paid / settled till end of 31st March immediately following the end of the Policy year. Paid /Settled claims ratio is calculated as the Paid / Settled claims divided by the Premium.

		3) After providing 10% of the premium paid towards the company's administrative cost, if the claims settled (settlement to the Hospital) on the premium is less than 90%, then 90% of the leftover surplus will be refunded to the society on March 31st of the consecutive policy year. Say for example if the premium amount is Rs.100/- Rs.10/- goes to company's administrative cost. Rs.90/- is now left out. If the claim settled amount is Rs.60/-, Rs.30/- is then the leftover amount.	(3) After providing 10% of the agreed Premiums towards the company's administrative cost, if the Paid/Settled claims (settlement to Hospitals) on the premium is less than 90%, then 90% of the leftover surplus will be refunded to TNHSP on the 31st March immediately following the end of the Policy year. Say for example if the premium amount is Rs.100/- Rs.10/- goes to company's administrative cost. Rs.90/- is now left out. If the claim settled amount is Rs.60/-, Rs.30/- is then the leftover amount. Out of Rs.30/-, Rs.27/- (90% of

		Out of Rs.30/-, Rs.27/- (90% of Rs.30/-) is to be refunded back to the society by 31st March.	Rs.30/-) is to be refunded back to the society by 31st March.
		4) If the claims settled on the premium is more than 110%, 50% of the excess amount will be paid by Tamil Nadu Health Systems Society to the insurance company after verification.	(4) If the Paid / Settled claims ratio (calculated as Paid/Settled claims divided by Premiums) is more than 110%, 50% of the excess amount will be paid by Tamil Nadu Health Systems Society to the insurance company after verification.

31/12/14

For project Director